## P970000002614

(Rec	questor's Name)	<del></del>		
(Add	lress)			
(Add	lress)			
(City	//State/Zip/Phone	#)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				

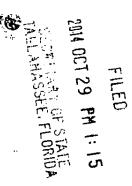
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300265951213

Withdrawd

10/29/14--01017--001 \*\*35.00



11/10/14

## **COVER LETTER**

	Amendment Section Division of Corporations		
	$_{ ext{CT:}}$ Form Equipment	t Corporation	
SUBJE	CT: TOTTI Equipment	(Name of Corporat	
	F97000	002614	non <i>)</i>
DOCU	MENT NUMBER: F97000	002014	
The enc	losed withdrawal application and	d fee are submitted fo	r filing.
	eturn all correspondence concerning the following:	ng this	
	John Bartlett		
		(Name of Person)	
	EFCO Corp.		
		(Firm/Company)	
	1800 NE Broadway	/ Ave.	
		(Address)	
	Des Moines/ Iowa	/ 50313-2644	<b>,</b>
		(City/State and Zip co	de)
For furt	her information concerning this m	atter, please call:	
Johr	n Bartlett	<sub>at (</sub> 515	<sub>)</sub> 266-1141
Enclose	(Name of Person) and is a check for the amount:		Code & Daytime Telephone Number)
<b>√</b> \$35 1	Filing Fee \$\int \\$43.75 Filing Fee &\text{Certificate of Status}		Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Form Equipme	ent Corporation	
F9700000261	(Name of Corporation)	FIL SECRETARY
lowa	(Document Number of Corporation (if known)	PH 1: 1
	(Incorporated Under Laws of)	<u> </u>

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

(Mailing Address)

The following is a current mailing address for the corporation:

1800 NE Broadway Ave.

(City/ State /Zip)	
rporation agrees to notify the Department of State in the f	uture of any change in its mailing addres
$A \rightarrow A$	10/21/14
Signature of a director, president or other officer - if in the hands of a	(Date)
receiver or other court appointed fiduciary, by that fiduciary)	