F9700003517

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		

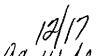
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12/11/03--01026--005 **35.00





TRANSMITTAL LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: Jigsaw Travel, Inc.		
(Name of corporation)		
DOCUMENT NUMBER: F97000003	3517	
The enclosed withdrawal application a	and fee are submitted for filing.	
Please return all correspondence concernatter to the following:	ning this	
Sharon Skelly		
	(Name of Person)	
(Firm/Company)		
17182 SE 79th McLawren Terra	ace	
	(Address)	
The Villages, FL 32	162	
	(City/State and Zip code)	
For further information concerning this	matter, please call:	
Sharon Skelly	at (352) 750 - 4670 or 352-874-2069 cell	
(Name of Person)	(Area Code & Daytime Telephone Number)	

STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

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

(Name of Corporation)

Jigsaw Travel, Inc.

F9700003517	
(Document Number of Corpora	ation (if known)
(Comment of Conf.)	原岛 建
	70 2
Ohio	
(Incorporated Under I	aws of)
This corporation is no longer transacting business or conduct voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered ager appoints the Department of State as its agent for service of pro time it was authorized to transact business or conduct affairs in	cess based on a cause of action arising during the
The following is a current mailing address for the corporation:	
17182 SE 79th McLawren Terrace	
(Mailing Addres	s)
The Villages, FL 32162	
(City/ State /Zip	<u> </u>
The corporation agrees to notify the Department of State in the	e future of any change in its mailing address.
Sharow Streller	12/07/03
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary by that fiduciary)	(Date)
Sharon Skelly	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35