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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA00000023 Phone : (850)222-1092

Fax Number : (850)878-5368

## DISSOLUTION OR WITHDRAWAL STRATEGIC PERFORMANCE FUND-II, INC.

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Strategic Performance Fund-II, Inc.	
(Name of Corporation)	
DOCUMENT NUMBER: F97000003574	
The enclosed withdrawul application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Stacee Smith	
(Name of Person)	
PREI	
(Firm/Company)	
8 Campus Dr., 4th Floor	
(Address)	
Parsippany, NJ 07054	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Stacee Smith at ( 973 ) 734-1414	
(Name of Person) (Area Code & Daytime Telephone Number)	
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

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

Strategic Performance Fund-II, Inc.
(Name of Corporation)
F97000003574 (Document Number of Corporation (if known)
Maryland (Incorporated Under Laws of)
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.
The following is a current mailing address for the corporation:
c/o PREI 8 Campus Dr., 4th Floor (Mailing Address)
Parsippany, NJ 07054 (Clty/ State /Zlp)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or edier officer - if in the hands of a receiver of other court appointed fichectory, by that fiduciary)
Tourne Multand (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35