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Arold Wall

## **COVER LETTER**

	Iment Section on Corporations				
SUBJECT:	Thompson Trails I, Inc				
	(Name of Co	rporation)			
DOCUMENT	NUMBER: F9700004662	<del>.</del>			
The enclosed	withdrawal application and fee are submitt	ed for filing.			
Please return a matter to the fo	all correspondence concerning this following:				
Amy	y M. Kiser				
	(Name of Pe	rson)			
Rah	dert, Steele & Reynolds, P.A.				
	(Firm/Comp	any)			
535	Central Avenue				
	(Address)				
St. F	Petersburg, Florida 33701	Å.			
	(City/State and Z	Cip code)			
For further inf	ormation concerning this matter, please call	:			
Amy Kiser	at ( <b>727</b>	, 823-4191			
		rea Code & Daytime Telephone Number)			
	MAILING ADDRESS: Amendment Section Division of Corporations	STREET ADDRESS: Amendment Section Division of Corporations			

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

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

Thompson Trails I, Inc

(Name of Corporation)	
F9700004662	
(Document Number of Corporation (if known)	
Delaware	
(Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and I voluntarily surrenders its authority to transact business or conduct affairs in Florida.	hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its beha appoints the Department of State as its agent for service of process based on a cause of action arising duritime it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:	
13440 NW Highway 225 (Mailing Address)	T F D
CEDDICK FL 32686 BA S. (City/State/Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing address	š.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)	<del></del>
(Typed or printed name of person signing)  Cuthor Control of Person signing)  (Title of person signing)	

**FILING FEE \$35**