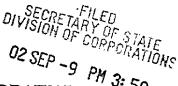
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TRANSMITTAL LETTER

TO:	Amendment Section Division of Corporations			·	
SUBJ	ECT:	Name of corpor	ation)		PA ST
DOC	ument number:	9700000	4886	· · · · · · · · · · · · · · · · · · ·	
The e	nclosed withdrawal application	on and fee are sub	mitted for filing	•	
	e return all correspondence con r to the following:	cerning this			
	(Name of Person)			600007604 -03/03/020 ****35.00	
Fe	ren (JK. Libanoff Bra (Firm/Company)	<u>indt + B</u> usta	amaxte		
15	O South Pine Island (Address)	t Road, Su	te 400	-	
<u> </u>	Octotion , FL 3335 (City/State and Zip code				
For f	urther information concerning t	this matter, please	call:		
		at (_	954 <u>)</u> 47	4-8080 time Telephone Number	· · · · · · · · · · · · · · · · · · ·
STR	EET ADDRESS:	N	AAILING ADD	RESS:	

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

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

ASTALDI SPA
(Name of Corporation)

This corporation is no longer transacting business or conducting affairs within the State of Floridand 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 Ira Libanoff, Esq.150 South Pine Island Road, Ste. 400 (Mailing Address)
Davie, FL 33324
(City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address. Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.
Typed or printed name Date Date