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(Address)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: GZ Spada, d		
(Name of c	orporation)	
DOCUMENT NUMBER: F97000006399		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
GAIL S. ZINSER-SPADA		
(Name of Person)		
(Firm/Company)	——————————————————————————————————————	
12494 WINSTON COURT		
(Address)		
BROOKSVILLE, FL 34609		
(City/State and Zip code)		
For further information concerning this matter, p	lease call:	
GAIL S. ZINSER-SPADA	at (352) 238-1053	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations	
409 E. Gaines St.	P.O. Box 6327	
Tallahassee, FL. 32399	Tallahassee, FL. 32314	

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

(Name of Corporation)

GZ SPADA, INC.

NEW YORK	
(Incorporated Under Laws Of)	_
This corporation is no longer transacting business or conducting affairs within the State of and hereby voluntarily surrenders its authority to transact business or conduct affairs in Flor	
This corporation revokes the authority of its registered agent in Florida to accept service behalf and appoints the Department of State as its agent for service of process based on a caction arising during the time it was authorized to transact business or conduct affairs in Florida.	ause of
The following is a current mailing address for the corporation:	SECR
12494 WINSTON COURT	写
(Mailing Address) BROOKSVILLE, FL 34609	SEE FLO
(City/ State /Zip)	- A.
The corporation agrees to notify the Department of State in the future of any change in its raddress. PRESIDENT 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. GAIL S ZINSER-SPADA Typed or printed name Date	mailing