## F98000000039

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(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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W. Hode. C.COULLIETTE

OCT - 7 2011

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: Main Street Telephone C	ompany	
	ame of Corporation)	
DOCUMENT NUMBER: F9800000003	9	
The enclosed withdrawal application and fee a	are submitted for filing.	
Please return all correspondence concerning this matter to the following:	;	
Patrick D Crocker		
(N	ame of Person)	
Nationwide Regulatory Comp	oliance	
(F	irm/Company)	
107 W Michigan 4th Fl		
	(Address)	
Kalamazoo, MI 49007		
(City/S	State and Zip code)	
For further information concerning this matter, p	please call:	
Patrick D Crocker	at ( 269 ) 381-8888	
(Name of Person)	(Area Code & Daytime Telephone Number)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	
•	Tallahassee, FL 32301	

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

Main Street Telephone Compa	of Corporation)
F0000000000	
F9800000039	of Corporation (if known)
(Document Number	of Corporation (II known)
Delaware	
(Incorporate	ed Under Laws of)
voluntarily surrenders its authority to transact busines.  This corporation revokes the authority of its regista appoints the Department of State as its agent for serv time it was authorized to transact business or conduct	ered agent in Florida to accept service on its behalf and ice of process based on a cause of action arising during the taffairs in Florida.
The following is a current mailing address for the cor	poration:
PO Box 365	
(Maili	ing Address)
Chester Heights, PA 19017	7-5 OF CC
(City)	/ State /Zip)
The corporation agrees to notify the Department of Si	tate in the future of any change in its mailing address.
(Signature of a director president of other fifteer if in the hareceiver or other court appointed fiduciary, by that fiduciary	ands of a (Date)
Thomas J Glvnn	President

**FILING FEE \$35** 

(Title of person signing)

(Typed or printed name of person signing)