## F98000000896

Anthony D. Kulper 6584 Commodore Drive Ponte Vedra Beach, FL 32082 904-280-0403		600002788216 -02/26/3901036006 *****35.00 *****35.0	
City/State/Zij	Phone #  AME(S) & DOCUMENT N	Office Use Only  UMBER(S), (if known):	
1(Corpora		(Document #)	-
2	ation Name)	(Document #)	
3. (Corpora	ation Name)	(Document #)	
4. <u>(Corpor</u>	ation Name)	(Document #)	
□ Walk in □	Pick up time	Certified Copy	<del>.</del>
Mail out		py Certificate of Status	99
NEW FILINGS	AMENDMENTS		99 FEB 26
Profit	Amendment		88
NonProfit	Resignation of R.A., Officer	-	
Limited Liability	Change of Registered Agent		-: 02 -: 02
Domestication	Dissolution/Withdrawal		<b>9</b>
Other	Merger		
OTHER FILINGS	REGISTRATION/ QUALIFICATION	3.3.30	
Annual Report	Foreign	A4y	•
Fictitious Name  Name Reservation	Limited Partnership		
Martie Meser Agriori	Reinstatement		
	Trademark		
Ī	Other		

Examiner's Initials

CR2E031(1/95)

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

MONMOUTH EQUIP. SALES CO., INC.
(Name of Corporation)
(Incorporated Under Laws Of)
(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 to which the Department of State may mail a copy of any
6564 COMMODORE DR. 850 6 Mailing Address)
(Mailing Address)
PONTE VEDRA BEACH, FL. 32 200 200 200 200 200 200 200 200 200
(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,  Title
Signature of the chairman or vice chairman of the board,
Typed or printed name Date
Typed or printed name Date