## F98000001182

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	·
(Cit	y/State/Zip/Phone	#)
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(Bu	siness Entity Nam	ne)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT:	WADE SERVICES INC
-	(Name of Corporation)
DOCUMENT NUMBER:	F98000001182
The enclosed withdrawal applica	tion and fee are submitted for filing.
Please return all correspondence comatter to the following:	oncerning this
	GAYLOR_WADE
	(Name of Person)
	WADE SERVICES INC
•	(Firm/Company)
	P O BOX 399
	(Address)
	ELLISVILLE MS 39437-0399
	(City/State and Zip code)
For further information concerning	this matter, please call:
RAYMOND SAUCIER	at ( 601 ) 399–1900
(Name of Person) Enclosed is a check for the amount	(Area Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Certificate of	
MAILING ADDR	
Amendment Section	
Division of Corpora P.O. Box 6327	2661 Executive Center Circle

Tallahassee, FL.32314

Tallahassee, FL. 32301

DIVIS: IN OF THE PARTY OF

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

WADE SERVICES INC
(Name of Corporation)
F98000001182 (Document Number of Corporation (if known)
MISSISSIPPI (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 for the corporation:
P O BOX 399 (Mailing Address)
ELLISVILLE MS 39437-0399 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  AUGUST 18, 2015 (Date)
GAYLOR WADE SECRETARY (Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**