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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: <u>Controlled Blast</u> (Name	of Corporation)
DOCUMENT NUMBER: F 9 800	220 2256
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Fran Jones	of Porcon)
<u>Controlled Blastic</u>	e of Person) Company)
1159 Finch Rd	dda
Winder, GA 304 (City/State	adress)
(City/State	e and Zip code)
For further information concerning this matter, plea	se call:
Fron Tones at	(770) 448-4099 (Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Controlled Blasting Inc. (Name of Corporation)
(Name of Corporation)
F 9800000 2256 (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
(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:
1159 Finch Rd (Mailing Address)
(iviaining Address)
Winder, GA 30680 (City/State/Zip)
(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)
Traces U. Joses (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35