# F98000002560

DIVISION OF CORPORATIONS

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### TRANSMITTAL LETTER

CIIB II AA	ODOR SCIENICE & ENGINEERING THE
SUBJEC1:	ODOR SCIENCE & ENGINEERING, INC. (Name of corporation)
DOCUME	NT NUMBER: P98000002560
The enclose	d withdrawal application and fee are submitted for filing.
Please return natter to the	n all correspondence concerning this e following:
	MARTHA O'BRIEN
	(Name of Person)
	odor science & engineering, inc.
	(Firm/Company)
	1350 BLUE HILLS AVE.
	(Address)
	BLOOMFIELD, CT 06002
	(City/State and Zip code)
For further i	nformation concerning this matter, please call:
MARTHA O'	BRIEN at (860 ) 243-9380
	(Name of Person) (Area Code & Daytime Telephone Number)

#### STREET ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

## MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314

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

ODOR SCIENCE & ENGINEERING, INC.
(Name of Corporation)
P98000002560
(Document Number of Corporation (if known)
CONNECTICUT
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereb 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 an 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:
1350 BLUE HILLS AVE.
(Mailing Address)
BLOOMFIELD, CT 06002
(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)
MARTHA OBRIEN Parcipar
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35