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APPROVEU AND FILED

C. Coulliette JUN 1 1 2007

## **COVER LETTER**

TO: Amendment Section	
SUBJECT: CASMON FIMON CION GRUP IN C.  (Name of Corporation)	
DOCUMENT NUMBER: <u>18-8612434463-6 F9800000256</u> ]	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
(Name of Person)	
,	
COS MON FORMO GREAT IN C. (Firm/Company)	
(Firm/Company)	
(Addfess)	
CINCINNOTI CKINO 45243	
(City/State and Zip code)	
For further information concerning this matter, please call:	
GREGORD W. Shows at (S13) 532, 7896 (Name of Person) (Area Code & Daytime Telephone Number)	
C(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

CA 9 MON CIPIL GRUED, INC. (Name of Corporation)			
(Document Number of Corporation (if known)	56,	7	
DELOWAL 6 (Incorporated Under Laws of)			
This corporation is no longer transacting business or conducting affairs within the State of Florida an voluntarily surrenders its authority to transact business or conduct affairs in Florida.	id hero	eby	
This corporation revokes the authority of its registered agent in Florida to accept service on its be appoints the Department of State as its agent for service of process based on a cause of action arising d time it was authorized to transact business or conduct affairs in Florida.	ehalf a luring	and the	
The following is a current mailing address for the corporation:			
Mailing Address)  Clarelanor Cho 45.243  (City/ State /Zip)	SECRET TALLAH	07 JUN -6	
	TARY OF ASSEE, F	ì	FILED
The corporation agrees to notify the Department of State in the future of any change in its mailing address.  (Signature of a directory president or other officer - if in the hands of a receiver or other codirt appointed fiduciary, by that fiduciary)	S [ATE IN)RIDA	4-1 <b>:</b>	
Typed on printed name of person signing)  (Typed on printed name of person signing)  (Title of person signing)			

**FILING FEE \$35** 

(Typed or-printed name of person signing)