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Withdr.

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Alderon Comfu (Name of con	ting Incorporated porated
DOCUMENT NUMBER:	
The enclosed withdrawal application and fee are	-
Please return all correspondence concerning this matter to the following: Steven Davis (Name of Person)	for certified copy please.
(Firm/Company) 22333 SW 6676 Ave	#(U2 _
22333 SW 6674 Ave (Address) BOCA RATON FL 3342 (City/State and Zip code)	
For further information concerning this matter, ple Steven Davis (Name of Person)	
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 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: PO BOX 445 Ithaca NY 14851-0445 (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, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.