# -98000005594

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**EXAMINER** 

### **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: FAST TAX SCRUICE OF FLORIDA, INC.  (Name of Corporation)		
DOCUMENT NUMBER: <u>F98000005894</u>		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
PHILIP NIMMO (Name of Person)		
(Name of Person)		
FAST TAX SERVICE, INC. (Firm/Company)		
(Firm/Company)		
4111 JEFFELSON HIGHWAY		
(Address)		
(Address)  WEW ORLEANS, LA 70/2/ (City/State and Zip code)		
(City/State and Zip code)		
For further information concerning this matter, please call:		
PHILIP NIMMO at (504) 942-8000 (Area Code & Daytime Telephone Number)		
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### **STREET ADDRESS:**

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

#### **MAILING 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

FAST TAX SERVICE OF FLORI. (Name of Corporation)	DA, INC.
F9800005894 (Document Number of Corporation (i	
(Document Number of Corporation (i	f known)
LOUISIANA	
(Incorporated Under Laws of	0
This corporation is no longer transacting business or conducting af voluntarily surrenders its authority to transact business or conduct af	
This corporation revokes the authority of its registered agent in I appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flori	pased on a cause of action arising during the
The following is a current mailing address for the corporation:	
3520 JEWELLA AVENUE (Mailing Address)	APR -8
(Mailing Address)	<i>-</i>
SHREVE PORT, LA 7/109	7
(City/ State /Zip)	8
The corporation agrees to notify the Department of State in the futur	e of any change in its mailing address.
	APRIL 4, 2011
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
PHILIP NIMMO (Typed or printed name of person signing)	OIRECTOR  (Title of person signing)
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**