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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Woods Hole Oceano zarphic Institution (Name of corporation)
DOCUMENT NUMBER: <u>F99 000000</u> 806
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Deborah Kleunel (Name of Person)
(Name of Person)
Woods Hole Oceano amphic Institution (Firm/Company)
(Firm/Company)
569 Woods Hole Road (Address)
· · · · · · · · · · · · · · · · · · ·
Woods Hole MA 02543 (City/State and Zip code)
(City/State and Zip code)
For further information concerning this matter, please call:
Carolyn Bunker at (508) 279 2325 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Ferson) (Area Code & Daytime receptione Number)
STREET ADDRESS:  Amendment Section  Division of Corporations  409 E. Gaines St.  MAILING ADDRESS:  Amendment Section  Division of Corporations  P.O. Box 6327

Tallahassee, FL. 32399

Tallahassee, FL. 32314

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

Woods toke Oceano mashic Institution, IT To	71
$\omega_{r}$	
F99 00 00 00 8 06  (Document Number of Corporation (if known)	O
Massachusetts (Incorporated Under Laws of)	
This corporation is no longer transacting business or conducting affairs within the State of Florida and voluntarily surrenders its authority to transact business or conduct affairs in Florida.	hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behappoints the Department of State as its agent for service of process based on a cause of action arising dutime it was authorized to transact business or conduct affairs in Florida.	alf and ring the
The following is a current mailing address for the corporation:	
569 Woods Hole Road (Mailing Address)	
Woods Hole MA 02543 (City/State/Zip)	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future of any change in its mailing addre	ce
The corporation agrees to notify the Department of State in the Italian of any change in its maning address	,,,,

**FILING FEE \$35** 

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)