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12/20/06



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TRANSMITTAL LETTER

TO: Amendment Section		
Division of Corporations		
SUBJECT: Hoge-Warren-Zimmermann Co.		
(Name	of corporation)	
DOCUMENT NUMBER: F99000005072	<u></u>	
The enclosed withdrawal application and f	ee are submitte	d for filing.
Please return all correspondence concerning matter to the following:	this	
TENA LUMPKINS		
	(Name of Pers	on)
NATIONAL SERVICE INFORMAT	ON, INC.	
	(Firm/Compar	ny)
145 BAKER ST,		
	(Address)	
MARION, OH. 43302		
(Ci	ty/State and Zip	code)
For further information concerning this matt	er, please call:	
TENA LUMPKINS	at (800) 235-0337 X116
(Name of Person)	(Ar	ea Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section		MAILING ADDRESS: Amendment Section
Division of Corporations 409 E. Gaines St.		Division of Corporations P.O. Box 6327
Tallahassee, FL. 32399		Tallahassee, FL, 32314

FILED

. APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA SECRETARY OF STATE TALLAHASSEE.FLORIDA

Hoge-Warren-Zimmermann CO.

(Name of Corporation)
F9900005072
(Document Number of Corporation (if known)
OHIO - (Incorporated Under Laws of)
(incorporated Order Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and herebyoluntarily 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 it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
40 West Crescentville Road
(Mailing Address)
Cincinnati, OH., 45246
(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 of other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)
(Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35