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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: WOMEN'S BUSINESS ASSISTANCE CENTER, NC.
(Name of corporation)
DOCUMENT NUMBER: ∓ 99000006127
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
KATHRYN CARIGLINO (Name of Person)
Women's Business Center Inc. (Firm/Company)
1301 AZALEA RD., SUITE 201-A (Address)
MOBILE, AL 30693 (City/State and Zip code)
For further information concerning this matter, please call:
KATHRYN CARIGLIND at (25) 660-2725
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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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

WOMEN'S BUSINESS ASSISTANCE CENTER, INC.
T99000006127 (Document Number of Corporation (if known)
Alabama (Incorporated Under Laws of)
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:
1301 AZALEA RD., SUITE 201-A (Mailing Address)
Mobile, Al 310193 (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)
Kathryn Carialino Executive Director
Kathryn Cariglino Executive Director (Typed or printed name of person signing) (Title of person signing)
FILING FEE \$35
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