P01414

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: NATIONAL EMERGENCY SERVICES, INC.
(Name of Corporation)
DOCUMENT NUMBER: P01416
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
SHERRI HAGAR
(Name of Person)
NES ADMINISTRATIVE SERVICES, INC.
(Firm/Company)
3724 NATIONAL DRIVE, SUITE 109
(Address)
PAIFICH NO 27/17
RACEIGH NC 27612 (City/State and Zip code)
For further information concerning this matter, please call:
SHERRI HAGAR at (919) 510-5500
SHERRI HAGAP at (919) 510 - 5500 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET 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

NATIONAL EMERGENCY DERVICES, LNC. (Name of Corporation)
PO1416 (Document Number of Corporation (if known)
PO1416 (Document Number of Corporation (if known) TLLINOIS (Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby coluntarily 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 popoints the Department of State as its agent for service of process based on a cause of action arising during the ime it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:
3724 NATIONAL DRIVE, SUITE 109 (Mailing Address)
RALEIGH NC 27612 (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 or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)
ALAN M. FARNHAM SECRETARY (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35