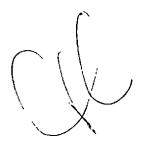
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(0-1-1-1)		
(Document Number)		
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Thomas H. Langevin and Associate	tes, Inc.	
SUBJECT:	(Name of Corporation)	
DOCUMENT NUMBER: P08765		
The enclosed withdrawal application and	d fee are submitted for filing.	
Please return all correspondence concernit	ng this matter to the following:	
J. Knox Burns, IV		
	(Name of Person)	<u> </u>
Cauthen & Burns, P.A.		
	(Firm/Company)	
215 North Joanna Avenue		
	(Address)	202
Tavares, Florida 32778		2023 SEP
((City/State and Zip code)	Sizes Sizes
For further information concerning this m	atter, please call:	PHI2:
Jen Conroy	at (352 343-2225	- Fig
(Name of Person)	(Area Code & Daytime Tel	lephone Number)
Enclosed is a check for the amount:		
■ \$35 Filing Fee □ \$43.75 Filing Fee & Certificate of Status	s Certified Copy Certificate	ling Fee. of Status & Certified litional copy is enclosed)
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810

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

(Name of Cor	poration)
P08765	
(Document Number of Co	rporation (if known)
Ohio	
(Incorporated Under Laws of and date authorized	to transact business/conduct its affairs)
This corporation is no longer transacting business or conceptual of the corporation revokes the authority of its registered appoints the Department of State as its agent for service of time it was authorized to transact business or conduct affa. The following is a current mailing address for the corporate P.O. Box 609 (Mailing Acceptable)	agent in Florida to accept service on its behalf and process based on a cause of action arising during the irs in Florida.
Zellwood, Florida 32798	27 L
(City/ State	: //ip)
The corporation agrees to notify the Department of State i Christene R. Parker (Signature of a director, president or other officer - if in the hands or receiver or other court appointed fiduciary, by that fiduciary)	9-10-23
Christene R. Parker	Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35