# P10554

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cappy - Simple TNC (Name of Corporation)
DOCUMENT NUMBER: P10554
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Carl Simone (Name of Person)
Cappy - Simone Tro
527 Lake Road (Address)
Ponte Vedva Blach Floreda 32082 (City/State and Zip code)
For further information concerning this matter, please call:  KLIVSTEN KLATCL at (904) 824-4391  (Name of Person) (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

Cappy - Simone, Inc.
P10554  (Document Number of Corporation (if known)
(Document Number of Corporation (if known)
New York [Incorporated Under Laws of]
(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:
527 Lake Road (Mailing Address)
Ponte Vedra Beach Floreda 32082
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Company of a fraction of the officer of the bonds of
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)  (Date)
Carl Simone (Typed or printed name of person signing) (Title of person signing)
(Typed or printed name of person signing) (Title of person signing)

**FILING FEE \$35**