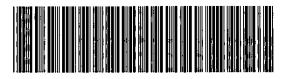
16444

(Requ	uestor's Name)	·
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EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Custom Facilities, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P16444
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tammy S. Koch
(Name of Person)
Drewry Simmons Vornehm, LLP
(Firm/Company)
8888 Keystone Crossing, Suite 1200
(Address)
Indianapolis, IN 46240
(City/State and Zip code)
For further information concerning this matter, please call:
Tammy S. Koch at (317) 432-3078
(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

(Name of Corporation)

Custom Facilities, Inc.

(Document Number of Corporation	ı (if known)		
Indiana			
(Incorporated Under Laws	of)		
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct		and	hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Floring C	s based on a cause of action arising		
The following is a current mailing address for the corporation:		10 NOV	35.04 E
6296 Rucker Road, Suite C		A9	三名
(Mailing Address)		2	A SE
Indianapolis, IN 46220 (City/ State /Zip)		PH 3:10L	OF STA
(City, State /2.p)		<u>-</u>	京
The corporation agrees to notify the Department of State in the fut	ure of any change in its mailing ad	dres	s.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	11-4-10 (Date)		
Lori Leineweber	Treasurer		
(Typed or printed name of person signing)	(Title of person signing)		

FILING FEE \$35