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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number

: (850)878-5368

DISSOLUTION OR WITHDRAWAL MELVIN SIMON & ASSOCIATES, INC.

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10/5/2010

COVER LETTER

TO: Amendment Section	
Division of Corporations	
SUBJECT: Melvin Simon & Associates, Inc.	
	(Name of Corporation)
DOCUMENT NUMBER: P24463	
The enclosed withdrawal application and	fee are submitted for filing.
Please return all correspondence concerning matter to the following:	ng this
Kimberly Johnson	
	(Name of Person)
Melvin Simon & Associates, Inc.	
	(Firm/Company)
225 W. Washington St., P.Q. Sox 7	033
	(Address)
Indianapolis, IN 46207-7033	
	City/State and Zip code)
For further information concerning this ma	atter, please call:
Tracy L. Reinholt	at (317) 263-7131
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Amendment Section	MAILING ADDRESS:
Division of Corporations	Amendment Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

FLADZ - 02/02/2006 C Y Filling Manager Online

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

Melvin Simon & Associates, Inc.

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