

P26557

Florida Department of State
Division of Corporations
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16 JAN 22 AM 11:52
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TALLAHASSEE, FLORIDA

**DISSOLUTION OR WITHDRAWAL
SHOWE BUILDERS, INC.**

Certificate of Status	0
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JAN 22 2016
A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Showe Builders, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P26557

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

Mary Jo Grove at (614) 464-8215
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

MAILING ADDRESS:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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16 JAN 22 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Showe Builders, Inc.

(Name of Corporation)

P26557

(Document Number of Corporation (if known))

Ohio

(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:

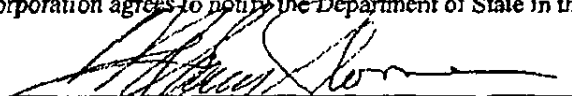
45 North 4th Street, Suite 200

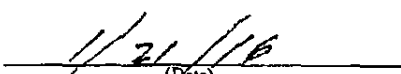
(Mailing Address)

Columbus, OH 43215

(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)


(Date)

H. Burkley Showe

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35