(Re	equestor's Name)	
(Ad	ldress)	
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### **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: MANNA PRO CORPORATION			
(Name of Corporation)			
DOCUMENT NUMBER: P30398			
The enclosed withdrawal application and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Steven Criscione			
(Name of Person)			
Manna Pro Products, LLC			
(Firm/Company)			
707 SPIRIT 40 PARK DRIVE, SUITE 150			
(Address)			
CHESTERFIELD, MO 63005			
(City/State and Zip code)			
For further information concerning this matter, please call:			
Steven Criscione at (636) 681-1720			
(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

Manna Pro Corporation

(Name of Corporation)		
P30398		
(Document Number of Corporation (if known)		
KANSAS		
(Incorporated Under Laws of)		
This corporation is no longer transacting business or conducting affairs within the State of Florida and voluntarily surrenders its authority to transact business or conduct affairs in Florida.	i hereb	ý
This corporation revokes the authority of its registered agent in Florida to accept service on its bel appoints the Department of State as its agent for service of process based on a cause of action arising du time it was authorized to transact business or conduct affairs in Florida.		
The following is a current mailing address for the corporation:		
707 SPIRIT 40 PARK DRIVE - SUITE 150	07 APR 27	=
(Mailing Address)	27	己至
CHESTERFIELD, MO. 63005	-3	E E
(City/ State /Zip)	PM 2: 09	Ç.
The corporation agrees to notify the Department of State in the future of any change in its mailing address.	:SS.	
Steven Cunero 04/23/2007		
(Signature of a director, president or other officer - if in the fiands of a (Date) receiver or other court appointed fiduciary, by that fiduciary)		
STEVEN CRISCIONE CONTROLLER (Typed or printed name of person signing) (Title of person signing)		
(Typed of princed name of person signing)		

**FILING FEE \$35**