## P33463

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Withdrawal

B. CONNETAL DEC 1 0 2009

## **COVER LETTER**

	mendment Section ivision of Corporations	
SUBJEC	T: Ricchetti (	eramic, Inc.
		(Name of Corporation)
DOCUM	MENT NUMBER: P 334	63
The encle	osed <b>withdrawal application</b> an	d fee are submitted for filing.
	turn all correspondence concerni the following:	ng this
	Elizabeth Bign	ek.i
·		(Name of Person)
·		(Firm/Company)
	PO Box 41162)	
•		(Address)
	Melbourne, FL	3294)
•		(City/State and Zip code)
For furth	er information concerning this m	atter, please call:
Eliz	enbeth Binuchi	at (321) 298-1329 (Area Code & Daytime Telephone Number)
	(Name of Person)	(Area Code & Daytime Telephone Number)
	MAILING ADDRESS: Amendment Section	STREET ADDRESS: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle

Tallahassee, FL 32301

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

Richetti (eramic, Inc. (Name of Corporation)
(Name of Corporation)
P 33 463
(Document Number of Corporation (if known)
Delaware
(Incorporated Under Laws of)
This corporation is no longer transacting business or conducting affairs within the State of Florida and herel 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 ar 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:
PO Box 41162)
(Mailing Address)
Melbourne FL 3294) (City/State/Zip)
(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)
(Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35**