## TRANSMITTAL LETTER

TO: Amendment Section	Cus							
Division of Corporations	000004641600- <u>-4</u> -10/18/0101046001							
SUBJECT: J. Ross Associ	******35.00 ******35.00							
(Name of corporation)								
DOCUMENT NUMBER:								
The enclosed withdrawal application and fee are su	bmitted for filing.							
Please return all correspondence concerning this matter to the following:								
Jack Ross	O O O O O O O O O O O O O O O O O O O							
(Name of Person)	2 97							
J. Ross Associalis Inc	8 000							
(Firm/Company)	<b>3</b> 357							
445 SW Jeffman Circle (Address)	LOCT 18 AM 9: 34							
Port St. Lucic, FL 34968  (City/State and Zip code)								
(City/State and Zip code)								
For further information concerning this matter, please	call:							
Jack Ross at (	561 ) 879-7136							
(Name of Person) (A	Area Code & Daytime Telephone Number)							
STREET ADDRESS:	MAILING ADDRESS:							

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

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



		N.~	Jusey				
			(Incorporated U	nder Laws Of)		620 (10)	4 4 ₹
This co	orporation is no reby voluntarily	longer trans surrenders i	acting business ts authority to t	or conducting	g affairs within thess or conduct aff	e State of Florida airs in Florida.	a
behalf a	and appoints th	e Departmer	t of State as its	agent for serv	in Florida to acc vice of process ba less or conduct af	ised on a cause of	s
The fol	lowing is a cur	rent mailing	address for the	corporation:			
	445	SW	Jeffers Mailing A	on Cir	c)e		اداد العقد مسايات داد. معد الاستان ال
	_				34968		
			(City/ Star	te /Zip)		See Single 7	6.50 P. (1.1.)
address.	poration agrees	lanh '	Ron	·	future of any char		
		k Ro				- ·	

Date

Typed or printed name