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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 SIGNATURE COMBS, INC.

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COVER LETTER

TO:	Amendment Section				
	Division of Corporations				
SUBJ	ECT: Signature Combs, Inc.				
		(Name of Corp	poration)		
DOCU	MENT NUMBER: P35972				
The en	olosed withdrawal application and	fee are submitte	d for filing.		
	return all correspondence concerning to the following:	g this			
	Joseph I. Coldstein				
(Name of Person)					
	Signature Combs, Inc.				
	(Firm/Company)				
	201 S. Orange Ave., Suite 1100S				
	(Address)				
	Orlando, Florida 3280)				
	(C	ity/State and Zip	o code)		
For fur	ther information concerning this mat	ter, please call:			
loseph I.	Goldstein	at (407) 648-7231		
	(Name of Person)	(An	ea Code & Daytime Telephone Number)		
	STREET ADDRESS:		MAILING ADDRESS:		

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

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

Signantre Combs, Inc.	<u> </u>
(Name of Corporation	n) 1 JA 3
•	A S
P35972	<u> </u>
(Document Number of Corporati	our (if knowa)
	H 9.
Delaware	ب ب
(Incorporated Under Lav	vs of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting the surrenders its authority to transact	r affairs in Florida.
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in F	as based on a cause of action urising during the
The following is a current mailing address for the corporation:	
201 S. Orange Ave., Suite 1100S	
(Mailing Address)	
Orlando, Florida 32801 (City/ State /Zip)	

The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.
	1/31/11
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that tiduciary)	(Dare)
Joseph I. Goldstein	Vice President and Socretary
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35