

P36540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

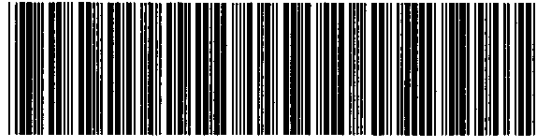
(Business Entity Name)

(Document Number)

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09 JAN 20 AM 9:44

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Withdrawal/cus
@ 1/26/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: General Partner Inc
(Name of Corporation)

DOCUMENT NUMBER: P36540

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

Please return all correspondence concerning this matter to the following:

Fran Varga
(Name of Person)
General Partner Inc
(Firm/Company)
P.O. Box 170
(Address)
Skullman NJ 08558
(City/State and Zip code)

For further information concerning this matter, please call:

FRAN VARGA at 609 466 8300
(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**

General Partner, Inc.
(Name of Corporation)

P 36540
(Document Number of Corporation (if known))

New Jersey
(Incorporated Under Laws of)

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
09 JAN 20 AM 9:44

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:

P.O. Box 170
(Mailing Address)

Skullman NJ 08558
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

[Signature]
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

1/13/09
(Date)

Robert B. Medip
(Typed or printed name of person signing)

President
(Title of person signing)

FILING FEE \$35