

P39024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

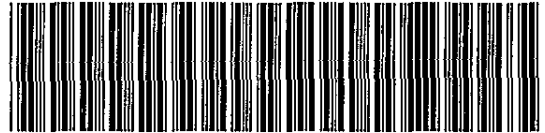
(Business Entity Name)

(Document Number)

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02/18/03--01048--010 \*\*35.00

RECEIVED  
03 FEB 18 PM 12:01  
STATE  
OPERATIONS  
TALLAHASSEE, FLORIDA

FILED  
03 FEB 18 PM 1:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/18/03  
withdrawal  
ef

**CT CORPORATION**

February 18, 2003

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5766585 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

LWG, INC. (IL)  
Post-Merger Withdrawal/Removal  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

FILE  
SECOND  
PLEASE

