## P40061

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section		
3	<del></del>	
SUBJECT: SCIENTOLOGY MISSIONS LATERNATIONAC (Name of Corporation)		
(Name of Corpor	ration)	
1 1/1 0 - / 1		
DOCUMENT NUMBER: + TCO6		
The enclosed withdrawal application and fee are submitted to	for filing.	
Please return all correspondence concerning this		
matter to the following:		
JOI MARCHANT		
(Name of Person		
San International Contraction		
SCIENTOLOGY MISSIONS INTERNATIONAL (Firm/Company)		
(Firm/Company)		
6331 Hollywood Blod		
(Address)		
(Address)  Los Angeles (City/State and Zip o	90028	
(City/State and Zip code)		
For further information concerning this matter, please call:		
Joi MARCHANT at (323	) 960 3570	
	Code & Daytime Telephone Number)	
(/1101	code to bay inno receptione (tumber)	
MAILING ADDRESS:	STREET ADDRESS:	
Amendment Section	Amendment Section	

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

Some Missing Tomania + and
(Name of Corporation)
SCIENTOCOGY MISSIONS INTERNATIONAL Treorphrated  P4006/ (Document Number of Corporation (if known)
CACHORNIA 50/(C)(3) Non Profit 700 100 (Incorporated Under Laws of)
A DEFE
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:
(Mailing Address)
LOS ANGECES CA 9008 (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 of other court appointed fiduciary, by that fiduciary)  (Date)
(Typed or printed name of person signing)  (Typed or printed name of person signing)  (Title of person signing)

**FILING FEE \$35** 

(Title of person signing)