# P40465

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SECRETARY OF STATE

2008 APR 18 AM11: 53

#### **COVER LETTER**

TO: Amendment Section

Division of Corporations	
SUBJECT: Skyler Mississippi, Inc D	Dissolution
DOCUMENT NUMBER: P40465	
The enclosed Articles of Dissolution and fee ar	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kimberly A. Seith	
(Name of Cont	act Person)
Skyler Mississippi, Inc.	
(Firm/Co	mpany)
2 North Palafox Street	
(Addres	ss)
Pensacola, FL 32502	
(City/State an	d Zip Code)
For further information concerning this matter,	please call:
Kimberly A. Seith	at ( 850 ) 430-0123
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
Certificate of Status C (A	43.75 Filing Fee & S52.50 Filing Fee, ertified Copy dditional copy is enclosed)  \$\$ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
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



Division of Corporations

March 3, 2008

KIMBERLY A. SEITH SKYLER MISSISSIPPI, INC. 2 NORTH PALAFOX STREET PENSACOLA, FL 32502

SUBJECT: SKYLER MISSISSIPPI, INC.

Ref. Number: P40465

We have received your document for SKYLER MISSISSIPPI, INC. and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6908.

Sylvia Gilbert Regulatory Specialist II

Letter Number: 108A00013177

### **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Skyler Mississippi, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P40465
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Scott J. Bell
(Name of Person)
Delta Health Group, Inc.
(Firm/Company)
2 North Palafox Street
(Address)
Pensacola, FL 32503
(City/State and Zip code)
For further information concerning this matter, please call:
Kimberly Seith <u>at (</u> 850 <u>)</u> 430-0123
(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

Skyler Mississippi, Inc.	. 13	
(Name of Corporation	TALLAHASSEE, FLORIT	- I'm
D40405	PR I	Trans.
P40465	5 × × ×	r v
(Document Number of Corporation	n (if known)	5
	Es =	
Mississippi		,
(Incorporated Under Law)	s of)	
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting		reby
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of procestime it was authorized to transact business or conduct affairs in Fl	ss based on a cause of action arising during	
The following is a current mailing address for the corporation:		
2 North Palafox Street		
(Mailing Address)		
Pensacola, FL 32503	·	
(City/ State /Zip)		
The corporation agrees to notify the Department of State in the fu	ture of any change in its mailing address.	
am,	April 16, 2008	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
Scott J. Bell	President	
(Typed or printed name of person signing)	(Title of person signing)	-

**FILING FEE \$35**