

Q12146

00789-00524-00071 form ABO not corp

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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Q12146

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 2703157 Canada Inc.
(Name of corporation)

DOCUMENT NUMBER: _____

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

Please return all correspondence concerning this matter to the following:

Helen Steinberg
(Name of Person)

2703157 Canada Inc.
(Firm/Company)

10205 Collins Ave. #1509
(Address)

BAL Harbour Florida 33154
(City/State and Zip code)

For further information concerning this matter, please call:

Ronny Dobrin at (514) 935-9508
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Amendment Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL. 32399

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 20, 2005

HELEN STEINBERG
2703157 CANADA INC.
10205 COLLINS AVE., #1509
BAL HARBOUR, FL 33154

SUBJECT: 2703157 CANADA, INC.
Ref. Number: Q12146

We have received your document for 2703157 CANADA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to Withdraw this Alien Business Organization from Florida. The form submitted is not acceptable.

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) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 705A00027152

**APPLICATION FOR CERTIFICATE OF WITHDRAWAL FOR
ALIEN BUSINESS ORGANIZATION**

2703157 Canada Inc.

(Name of Alien Business Organization)

Canada

(Incorporated or Organized Under Laws of)

This entity is no longer required to maintain a registered agent in this state.

H. Steinberg

(Signature of Officer or Director)

Helen Steinberg

(Typed or Printed Name)

President

(Capacity of Person Signing Application)

Filing Fee: \$35.00
Certified Copy (Optional): \$52.50

05 MAY 10 PM 3:46