F0500001357

(Requestor's Name)				
(Address)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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C. LEWIS

AUG 1 2014

EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	JECT: ACL DISTRIBUTION (N	lame of Corporation)		
DOC	UMENT NUMBER: F050000013	57		
The e	nclosed withdrawal application ar	nd fee are submitted for	filing.	
	e return all correspondence conce er to the following:	rning this		
	TIM VEHLEWALD			
(Name of Person)				
	ACL DISTRIBUTION, INC.			
(Firm/Company)				
4722 DANVERS SE				
		(Address)		
	GRAND RAPIDS, MI 49512	(City/State and Zip code)	
For fu	urther information concerning this r	matter, please call:		
TIM VEHLEWALD at 616-956-1300				
	(Name of Person)	(Area Co	ode & Daytime Telephone Number)	
Enclo	sed is a check for the amount:			
X \$3	5 Filing Fee \$43.75 Filing Fee 8 Certificate of Status		\$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 2661 Executive Center Circle Tallahassee, FL. 32301	

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF **AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

ACL DISTRIBUTION, INC.	
(Name of Corporation))
F05000001357	
(Document Number of Corporation	on (if known)
MICHIGAN	0
(Incorporated Under Laws	s or)
voluntarily surrenders its authority to transact business or conduct and the corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proce the time it was authorized to transact business or conduct affairs in the following is a current mailing address for the corporation:	Florida to accept service on its behalf and ess based on a cause of action arising during
4722 DANVERS SE	
(Mailing Address)	JUL 2
GRAND RAPIDS, MI 49512	
(City/ State /Zip)	PH 3: 30
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing address.
(Signature of a director, president or other officer it in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	7/16/1년 (Date)
TIM VEHLEWALD	PRESIDENT (Title of person signing)
(Typed or printed name of person signing)	(title of hersolt signify)

FILING FEE \$35