Florida Department of State

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DISSOLUTION OR WITHDRAWAL VITALIZE CONSULTING SOLUTIONS, INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations		
cum	ECT: Vitalize Consulting Solutions, Inc.		
SUBJ	EC1; vianze consuming sommons, mc.	(Name of Corporati	on)
DOCI	JMENT NUMBER: F06000003698		
The cr	nclosed withdrawal application and i	fee are submitted for	filing.
	return all correspondence concerning to the following:	this	
	Paul H. Greiner		
		(Name of Person)	
	Vitalize Consulting Solutions, Inc.		
		(Firm/Company)	
	10260 Campus Point Drive, M/S D7-S		
		(Address)	
	San Diego, CA 92121	•	•
	(C	ity/State and Zip coo	le)
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Nancy A. Walker		at (858	826-7320
Enclos	(Name of Person) sed is a check for the amount:	(Area Co	ode & Daytime Telephone Number)
\$3 5	Filing Fee \$\bigset\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee Certified Copy (Additional copy Enclosed)	Certificate of Status & Certified
	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 Tallahassen, FL, 32301

Vitalize Consulting Solutions, Inc.

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

(Name of Corporation)

F06000003698	<u> </u>
(Document Number of Corporation	n (If known)
D.	
Delaware (Incorporated Under Law	s of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conducting	affairs within the State of Florida and hereb at affairs in Florida.
This corporation revokes the authority of its registered agent is appoints the Department of State as its agent for service of proceeding it was authorized to transact business or conduct affairs	cess based on a cause of action arising durin
The following is a current mailing address for the corporation:	
705 E. Main Street	
(Mailing Address)	
Westlieki, IN 46074	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	nture of any change in its mailing address.
(Signature of a director, president or other officer - If in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Robert L. Levin	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)
FILING FEE \$35	