



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Attached is a form to withdraw the authority of a foreign corporation that is transacting business or conducting affairs in Florida. The requirements are as follows:

➤ Pursuant to section 607.1520 or 617.1520, Florida Statutes, the attached application should be completed in its entirety.

➤ The fees are as follows:

Filing Fee - \$ 35.00

Certified Copy (optional) - \$ 8.75

Certificate of Status (additional) (optional) - \$ 8.75

➤ Checks should be made payable to the **Florida Department of State**.

➤ Please complete the attached cover letter and return it with the withdrawal application and fee.

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

For further information, you may call (850) 245-6050.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____
(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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional 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
2661 Executive Center Circle
Tallahassee, FL. 32301

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

(Name of Corporation)

(Document Number of Corporation (if known))

(Incorporated Under Laws of)

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)

(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 or other court appointed fiduciary, by that fiduciary)

(Date)

(Typed or printed name of person signing)

(Title of person signing)

FILING FEE \$35