838675

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COVER LETTER

JBJECT:	FINANCIAL RESEARCH COMPANY (Name of Corporation)
	(Name of Corporation)
CUMENT N	NUMBER: 838675
enclosed wi	NUMBER: 838675 thdrawal application and fee are submitted for filing.
ase return all tter to the foll	correspondence concerning this owing:
	W. ROBERT GOLDMAN IR (Name of Person)
	(Name of Person)
	FINANCIAL RESEARCH COMPANY
	FINANCIAL RESEARCH COMPANY (Firm/Company)
•	P.O. Box 151558
	(Address)
	ALTAMONTE SPRENGS, FL 32715 (City/State and Zin code)
	(City/State and Zip code)
r further infor	mation concerning this matter, please call:
1.1 0.0	EAT GOLDMAN JR at (407) 682-9493 Name of Person) (Area Code & Daytime Telephone Numb
W. KODI	Name of Person) (Area Code & Daytime Telephone Numb

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

FIN	ANCIAL RESE		INY	
	(1	Name of Corporation)		
83	8675			
	(Document N	umber of Corporation (if known)	
G	-A			
<u> </u>	(Inco	orporated Under Laws o	f)	
funtarily surrenders its is corporation revoke points the Department ne it was authorized to e following is a curren	onger transacting busing authority to transact business the authority of its of State as its agent for transact business or count mailing address for the state of the state o	registered agent in recruice of process onduct affairs in Flor	ffairs in Florida. Florida to accept serv based on a cause of ac	vice onvits behalf a
7.0.0	OX 151558	(Mailing Address)		
ALTA	MONTE SPRI	(City/ State /Zip)	31715	
	o notify the Departmen July 1 The president or other officer of appointed fiduciary, by that f		re of any change in its ///28/	-
W. Pobe	ERT GOLDMAN	JR	Perid (Title of per	Lut son signing)

FILING FEE \$35