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COVER LETTER

TO: Amendment Section
Division of Corporations
SUBJECT: Foreign Corporation Withdraw to transact busines (Name of Corporation)
(Name of Corporation)
DOCUMENT NUMBER: F0300003282
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Darren Bennett
(Name of Person)
D. Bennett Speech Athlogy SVCS, R
(Firm/Company)
6634 79 Av North
(Address)
Pirollas Park, FL 33781
(City/State and Zip code)
•
For further information concerning this matter, please call:
Jeman Weinstein CPA at 198 374-3023
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

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

MAILING 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

Dernett Speech Pathology Services P.C.
FO30003282 (Document Number of Corporation (if known)
New York (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) (Mailing Address) (Mailing Address) (Mailing Address)
Pirellas Park, FL 3378/ SSRY OF SATE OF SATE OF SATE OF SATE ORIENTALE OF SATE
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