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Wilhdrawal

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COVER LETTER

TO: Amendment Section		
Dr. Pohort Door F	Foundatio	n Inc
SUBJECT: Dr. Robert Deery F		
ENANONO	Name of Corpora	itton)
DOCUMENT NUMBER: F040000	3370	
The enclosed withdrawal application and fee	: are submitted fo	or filing.
Please return all correspondence concerning the matter to the following:	iis	
David Cohen		
(Name of Person)	
Cohen Law Firm, PLI	_C	
	(Firm/Company)	
6900 N Dallas Pkwy	Ste 625	
	(Address)	
Plano, Texas 75024		
(City	/State and Zip co	ode)
For further information concerning this-matter	, please call:	
David Cohen	at (972	,294-7531
(Name of Person) Enclosed is a check for the amount:		Code & Daytime Telephone Number)
\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fe Certified Copy (Additional cop 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 Tallahassee, FL. 32301

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

Dr. Robert Deery Foundation,	Inc.
(Name of Corporation)	
F04000003376	
(Document Number of Corporation	(if known)
Texas	
(Incorporated Under Laws	of)
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduct	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceed the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
7717 Wexford Way	2019 11 11 12
(Mailing Address)	
Port St. Lucie, FL 34986	70 <u> </u>
(City/ State /Zip)	PH 4: 27
The corporation agrees to notify the Department of State in the fut	·
Labert & Deery JA	03/07/2019
(Signature of a director, president or other officer - Kin the hands of a reo way by other court appointed fiduciary, by that fiduciary)	(Date)
Dr. Robert Deery	President
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35