# 70500002938

(Requestor's Name)
(Address)
(1111000)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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#### **COVER LETTER**

SUBJECT:	American Culinary Federation Chef & Child Foundation	n, Inc.
OBJECT.	(Name of Corporation)	<u> </u>
OCUMEN	NT NUMBER: F05000002938	
he enclosed	d withdrawal application and fee are submitted for filing.	
lease return	n all correspondence concerning this following:	
	Frank D. Upchurch III, Esquire	
	(Name of Person)	
	Upchurch, Bailey and Upchurch, P.A.	
	(Firm/Company)	
	Post Office Drawer 3007	
	(Address)	
	St. Augustine, Florida 32085-3007	
	(City/State and Zip code)	-
or further in	nformation concerning this matter, please call:	
Fra	ank D. Upchurch III at ( 904 ) 829-9066	
	(Name of Person) (Area Code & Daytime Telephon	a Niumi

## 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

(Name of Corporation)
F05000002938
(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 of service of process based on a cause of action arising the time it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:  180 Center Place Way
(Mailing Address)
St. Augustine, Florida 32095
(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)
Heidi M Cramb (Typed or printed name of person signing)  Executive Director (Title of person signing)

**FILING FEE \$35**