

F05000005387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

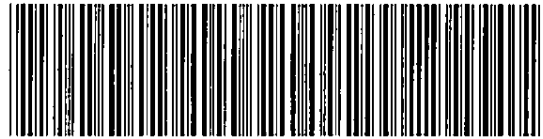
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



800416576208

Withdrawal

10/05/23--01016--013 \*\*35.00

FILED  
2023 OCT -5 PM 12 12  
CLERK OF STATE  
OF ARIZONA

A. RAMSEY

OCT 18 2023



Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299

September 28, 2023

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

Howie Miller  
Paralegal  
d 212.969.4327  
f 212.969.2900  
hjmiller@proskauer.com  
www.proskauer.com

Re: The Proskauer Rose Charitable Foundation - Application for Withdrawal

Ladies and Gentlemen:

Enclosed please find The Proskauer Rose Charitable Foundation's application for withdrawal from authority to do business as well as a check for the required \$35 filing fee. Please direct any correspondence related to this filing to me. If you require any additional information, please contact me at 212.969.4327.

Sincerely,

Howie Miller

Enclosures

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Proskauer Rose Charitable Foundation

\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F05000005387

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Howie Miller

\_\_\_\_\_  
(Name of Person)

Proskauer Rose LLP

\_\_\_\_\_  
(Firm/Company)

Eleven Times Square

\_\_\_\_\_  
(Address)

New York, NY 10036

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Howie Miller

at (212) 969-4327

\_\_\_\_\_  
(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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

The Proskauer Rose Charitable Foundation

(Name of Corporation)

F05000005387

(Document Number of Corporation (if known))

Incorporated under the laws of the state of New York and authorized to conduct affairs on 9/16/2005

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED  
2023 OCT -5 PM 12  
CLERK OF THE COURT  
STATE OF FLORIDA

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:

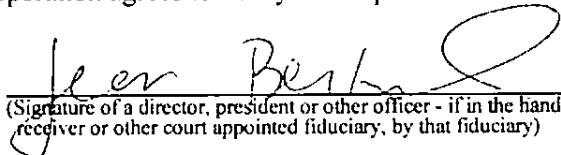
Proskauer Rose LLP, Eleven Times Square

(Mailing Address)

New York, New York, 10036

(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)

Jean Bertrand

(Typed or printed name of person signing)

9/27/2023

(Date)

Secretary

(Title of person signing)

**FILING FEE \$35**