F070000004070

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<u> </u>		





300179960643

Withdrawal

05/17/10--01061--011 **35.00



15/18/10

COVER LETTER

'TO: Amendment Section Division of Corporations	
SUBJECT: Academy Corporation	
	of Corporation)
DOCUMENT NUMBER: F0700004070	
The enclosed withdrawal application and fee are s	submitted for filing.
Please return all correspondence concerning this matter to the following:	
Karen Fromenthal	
(Name	e of Person)
Academy Corporation	
(Firm	/Company)
5520 Midway Park Place NE	
(A	Address)
Albuquerque, NM 87109	
	e and Zip code)
For further information concerning this matter, plea	ase call:
Karen Fromenthal at	(Area Code & Daytime Telephone Number)
(Name of Person)	(Area Code & Daytime Telephone Number)
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

Academy Corporation
Academy Corporation (Name of Corporation)
F07000004070
(Document Number of Corporation (if known)
New Mexico
(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:
5520 Midway Park Place NE
(Mailing Address)
Albuquerque, NM 87109 (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 bands of a receiver or other court appointed fiduciary, by that fiduciary)
(Typed or fritted name of person signing) Ascisimat Trensurer (Title of person signing)

FILING FEE \$35