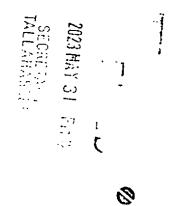
## F220004892

<u> </u>	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UI	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions 1, 10 <sup>R</sup> 1, 20 <sup>R</sup> 1, 20 <sup>R</sup>	MAY 3 0 2023





100409376571



## **COVER LETTER**

TO: Amendment Sec Division of Corp				
SUBJECT: The Foundat	ion for City College Inc	•		
	-	(Name of Corpor	ation)	<u> </u>
DOCUMENT NUMBI	ER:	<del></del>		<del></del>
The enclosed withdraw	al application and f	fee are submitted f	or filing.	
Please return all corresp	ondence concerning	this matter to the	following:	
Lucas Koehler				
		(Name of Person	)	
The Foundation for	or City College, Inc.			
		(Firm/Company)	)	
160 Convent Ave	, SH 166			
		(Address)		<del></del>
New York, NY 10	0031			
	(C	ity/State and Zip e	ode)	
For further information	concerning this matt	ter, please call:		
Lucas Koehler		212 at (	650-7450	
(Name o	f Person)		Code & Daytime Telephone No	imber)
Enclosed is a check for	the amount:			
	-	-	Fee & \$52.50 Filing Fee, Certificate of Status & Copy (Additional cop	
Mailing Address: Amendment Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Division of The Centro 2415 N. N	ress: ent Section of Corporations re of Tallahassee Aonroe Street, Suite 810	

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

The Foundation for City College, Inc	
(Name of Corporation	2023
F2200004892	
(Document Number of Corporation	on (if known)
New York State 8/3/2022	
(Incorporated Under Laws of and date authorized to tran-	sact business/conduct its affairs)
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of procetime it was authorized to transact business or conduct affairs in Figure 1. The following is a current mailing address for the corporation:	ss based on a cause of action arising during the
160 Convent Ave, SH 166	
(Mailing Address)	
New York, NY 10031	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the form	4/13/2023
(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)	C F O
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**