

F05000007118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

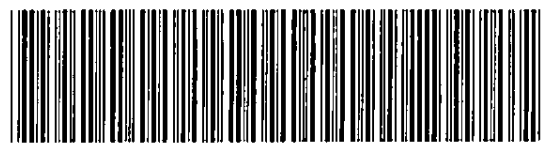
(Business Entity Name)

(Document Number)

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

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100422026961

01/18/2018 10:00:00 AM \*\*\*5.00

01/18/2018 10:00:00 AM

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

Childhood Brain Tumor Foundation

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

F05000007118

\_\_\_\_\_  
(Document Number of Corporation (if known))

Maryland, 08/13/1997

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

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:

20312 Watkins Meadow Drive

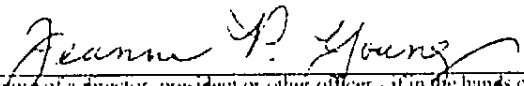
\_\_\_\_\_  
(Mailing Address)

Germantown, MD 20876

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

04-11-2024

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)

01/11/2024  
\_\_\_\_\_  
(Date)

Jeanne P. Young  
\_\_\_\_\_  
(Typed or printed name of person signing)

President  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Childhood Brain Tumor Foundation

(Name of Corporation)

DOCUMENT NUMBER: F05000007118

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mae Ness

(Name of Person)

MP May, Inc.

(Firm/Company)

101 Lucas Valley Rd #361.

(Address)

San Rafael, CA 94903

(City/State and Zip code)

For further information concerning this matter, please call:

Mae Ness

at ( 833 )

257-8484 Ext 104

(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