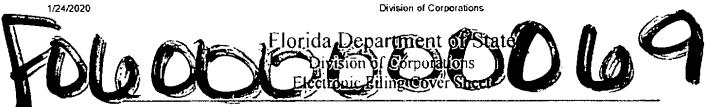
Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

## DISSOLUTION OR WITHDRAWAL LIFE EXTENSION PHARMACY, INC.

| Certificate of Status | 0       |
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Electronic Filing Menu

Corporate Filing Menu

Help

JAN 28 2019

Q.

| <del></del>                             |  | (Name of Corporation)   |   |  |             |
|---|--|---|---|--|-------------|
| FOO                                     | 600000069  |   |   |  |             |
| <del></del>                             | (Documer   | nt Number of Corporation  | (if known)  |  | <del></del> |
| Del                                     | laware, January 4, 2006  |   |   |  |             |
|   | (Incorporated Under Laws of and  | date authorized to transac  | t business/conduc                                       | et its affairs)                        |             |
| voluntarily s This corpora appoints the | ation is no longer transacting but<br>turrenders its authority to transaction revokes the authority of<br>Department of State as its agent<br>authorized to transact business of | et business or conduct a<br>its registered agent in<br>t for service of process | affairs in Florid<br>Florida to acco<br>based on a caus | la.<br>ept service on its              | s behalf an |
|   |  |   | rou.  | ₹.o                                    | 63          |
| The following                           | ig is a current mailing address fi   | or the corporation:   |   |  | r 03        |
| 360                                     | 00 W Commercial Blvd   |   |   | 1.51                                   |             |
|   |  | (Mailing Address)   |   | *** ~ <<br>*** ~ <                     |             |
| For                                     | t Lauderdale, FL 33309   |   | · .   | ************************************** | 置ら          |
| <del>,</del>                            |  | (City/ State /Zip)  |   | OP = I                                 | 302         |
| The corporat                            | tion agrees to notify the Departr  | nent of State in the futu   | ire of any chang  | ge in its mailing a                    | iddress.    |
|   | And My   |   | 1/22/2020   |  |             |
| (Signa<br>receiv                        | ture of a director, president or other officer<br>ver of other court appointed fiduciary, by the   | - if in the hands of a<br>nat fiduciary)  |   | (Date)                                 |             |
| Jame                                    | s D. Murray  |   | President   |  |             |
|   | •  |   |   |  |             |

**FILING FEE \$35**