## F220000004060

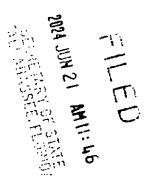
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





200430720712

Withdrawal



A. RAMSEY JUN-24 2024





To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext:

Date: 06/20/24 Order #: 1541152-1 Re: MEDIKTOR CORP Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35.0 - FL State Account Number:

12000000195

AUTH ,

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## **COVER LETTER**

<b>TO:</b> Amendment Section Division of Corporations	
MEDIKTOR CORR	
SUBJECT: MEDIKTOR CORP	(Name of Corporation)
DOCUMENT NUMBER: F22000	0004060
The enclosed withdrawal application	ion and fee are submitted for filing.
Please return all correspondence cor	ncerning this matter to the following:
Carla Marcó Perez-Zorrilla	
	(Name of Person)
RC Law LLP	
	(Firm/Company)
1101 Brickell Avenue, Ste N14	
	(Address)
Miami, FL 33131	
	(City/State and Zip code)
For further information concerning	this matter, please call:
Carla Marcó Perez-Zorrilla	at ( 845 ) 8019722
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount:	
■ \$35 Filing Fee □ \$43.75 Filing Certificate of	Status Certified Copy 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

3

MEDIKTOR CORP	
(Name of Cor	poration)
	The second secon
F22000004060	
(Document Number of Co	orporation (if known)
Incorporate Under Laws of Delaware and authorized to	transact business in Florida on 06/28/2022.
(Incorporated Under Laws of and date authorized	to transact business/conduct its affairs)
This corporation is no longer transacting business or convoluntarily surrenders its authority to transact business or	
This corporation revokes the authority of its registered appoints the Department of State as its agent for service o time it was authorized to transact business or conduct affa	f process based on a cause of action arising during the
The following is a current mailing address for the corpora	tion:
1313 PONCE DE LEON BLVD STE 201	
(Mailing Ac	idress)
CORAL GABLES, FL 33134	
(City/ State	·/Zip)
The corporation agrees to notify the Department of State i $ \sqrt{n} $	
1. My	6/19/2024
Signature of a director, president or other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	fa (Date)
Xavier Ruiz	Assistant Secretary
(Typed or printed name of person signing)	(Title of person signing)

**FILING FEE \$35**