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TO:	Amendment Section Division of Corporation	ons					
SUBJ	ECT:	Gliamed	I, INC.				
		Gliamed (Na	me of Corporatio	n)			
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	e return all corresponder to the following:	nce concerning this					
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		(Fi	rm/Company)		<u></u>		
	3012 Saint Albans Hollow Circle						
			(Address)	•			
		Mi	nnetonk	a, MN	55305		
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Be	(Name of Pers		at (<u>*612</u>) (Area Coo 212.		Telephone Number)	<u>or</u>	
	MAILING AI Amendment S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations	-	Amendment Division of C Clifton Build 2661 Execut Tallahassee,	Section Corporations ling ive Center Circle		

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

(Name of Corporation)
(Name of Corporation)
FO100001052 ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ
(Document Number of Corporation (if known)
Fig. 3
(Name of Corporation) FO 1 000 0 1 0 5 2 (Document Number of Corporation (if known) Delaware (Incorporated Under Laws of)
(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:
3960 Broadway, FI.3
3960 Broadway, FI.3 (Mailing Address)
New York, NY 10032-1543 (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 - it in the hands of a (Date)
receiver or other court appointed fiduciary, by that fiduciary)
Typed or printed name of person signing) CEO, CSO (Typed or printed name of person signing) (Title of person signing)
(Typed of princed name of person signing) (True of person signing)

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