F0100000 2990

(Requestor's Name)
(Address)
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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: IMPAX STRATEGIC MARKETING	& SELLING, INC.
SUBJECT:	(Name of Corporation)
DOCUMENT NUMBER: F01000002990	
The enclosed withdrawal application and for	ee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
WILLIAM CARTHAUS	
	(Name of Person)
IMPAX CORPORATION	
	(Firm/Company)
252 WILTON ROAD	
	(Address)
WESTPORT, CT 06880	
(C	ity/State and Zip code)
For further information concerning this matt	er, please call:
GEOFFREY LEVINE	at (²⁰³) ²⁷³⁻⁶³⁰⁰
(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 & ☐ \$52.50 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

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

(Name of Corporation)

IMPAX STRATEGIC MARKETING & SELLING, INC.

	F01000002990				
	(Document Number of Corporation	(if known)			
	CONNECTICUT				
	(Incorporated Under Laws of and date authorized to transac	t business/conduct its affa	irs)		
This corp voluntari	poration is no longer transacting business or conducting a ily surrenders its authority to transact business or conduct a	ffairs within the State of affairs in Florida.	of Floric	la and	hereby
appoints	poration revokes the authority of its registered agent in the Department of State as its agent for service of process as authorized to transact business or conduct affairs in Flo	based on a cause of act	ice on i ion arisi	ts beha ng dur	alf and ing the
The follo	owing is a current mailing address for the corporation:		SECT TAL	2021 SEP	_
	252 WILTON ROAD		12 T	EP 2	
	(Mailing Address)		<u>8</u> 20 87€		
	WESTPORT, CT 06880		ESTA	AM 8:	D
	(City/ State /Zip)			+	A
(S	oration agrees to notify the Department of State in the future of State in the future of a director, president or the officer - if in the hands of a receiver or other court appointed fiductory, by that fiduciary)	chief Financial O	21	addres	ss.
_	(Typed or printed name of person signing)	(Title of person	on signing)		