

F040000000630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

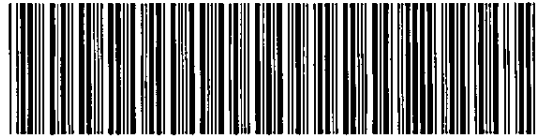
(Document Number)

Certified Copies _____

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Withdrawal

RECEIVED
DEPARTMENT OF STATE
MAR 10 2014
SUFFICIENCY OF FILING

FILED
2014 MAR 10 PM 1:48
DEPT. OF STATE
TALLAHASSEE, FLORIDA

3/11/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 032462 4726940

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : February 28, 2014

ORDER TIME : 3:44 PM

ORDER NO. : 032462-070

CUSTOMER NO: 4726940

FOREIGN FILINGS

NAME: COOK MEDICAL INCORPORATED

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes - EXT# 52920

EXAMINER: _____

File 1st.
please

FILED
2014 MAR 10 PM 1:48
DEPT. OF STATE
TALLAHASSEE, FLORIDA

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

Cook Medical Incorporated

(Name of Corporation)

F04000000630

(Document Number of Corporation (if known))

Indiana

(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:

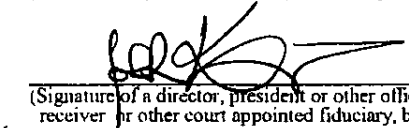
750 Daniels Way

(Mailing Address)

Bloomington, IN 47404


(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 - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)


(Typed or printed name of person signing)

2-27-14
(Date)


(Title of person signing)

FILING FEE \$35