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(Re	questor's Name)	
(Address)		
. (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL .
(Business Entity Name)		
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T. ROBERTS



ACCOUNT NO. : 12000000195			
REFERENCE : 343602 5060809			
AUTHORIZATION: Smelle man			
COST LIMIT : \$ 35.00			
ORDER DATE : September 12, 2012			
ORDER TIME : 3:20 PM			
ORDER NO. : 343602-030			
CUSTOMER NO: 5060809			
·			
FOREIGN FILINGS			
NAME: PRAXAIR HEALTHCARE SERVICES, INC.			
XX CORPORATE			
XXXX WITHDRAWAL/CANCELLATION			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:			
XX PLAIN STAMPED COPY			

EXAMINER:

CONTACT PERSON: Stephanie Milnes - EXT# 2920

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

Praxair Healthcare Services, Ir	nc.
(Name of Corporation)	71. ha 2007
Unknown	
(Document Number of Corporation (if known)
Delaware	
(Incorporated Under Laws o	n)
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct a	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of procesthe time it was authorized to transact business or conduct affairs in	ss based on a cause of action arising during
The following is a current mailing address for the corporation:	
c/o Praxair, Inc., 39 Old Ridge	bury Road
(Mailing Address)	
Danbury, CT 06810	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the future.	ure of any change in its mailing address.
(Signature of a director, president or other officer of in the hands of a receiver or other court appointed fiduciary) by that fiduciary)	October 2, 2012
Anthony M. Pepper (Typed or printed name of person signing)	Assistant Secretary (Title of person signing)

FILING FEE \$35