(F	Requestor's Name)	<del></del>		
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2019 APR 11 AM 11: 20

R. WHITE APR 12 2013 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 723224 4353770

AUTHORIZATION

COST LIMIT : \$75.00

ORDER DATE : April 11, 2019

ORDER TIME : 12:59 PM

ORDER NO. : 723224-005

CUSTOMER NO: 4353770

## FOREIGN FILINGS

NAME: KONICA MINOLTA LABORATORY

U.S.A., INC.

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
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CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

## **COVER LETTER**

	Amendment Section Division of Corporations		
SUBJE	Konica Minolta Laboratory U.S.	A., Inc.,	
55252		(Name of Corporati	on)
DOCU	MENT NUMBER: F05000005440	)	
The end	closed withdrawal application and	fee are submitted for	filing.
	return all correspondence concerning to the following:	g this	
	Myrtha Eugene		
		(Name of Person)	
	Konica Minolta Business Solutions U.S.A., Inc.		
		(Firm/Company)	
	100 Williams Drive		
		(Address)	
	Ramsey, NJ 07446		
	((	City/State and Zip code	<del>)</del>
For furt	her information concerning this mat	tter, please call:	
Myrtha E	Eugene	201 2	236-4330
Enclose	(Name of Person) d is a check for the amount:		de & Daytime Telephone Number)
\$35 F	Filing Fee \$\bigs\square\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

Konica Minolta Laboratory U.S.A., Inc.

Corporation)
Corporation (if known)
Jnder Laws of)
Addi Laws 01)
enducting affairs within the State of Florida and hereby or conduct affairs in Florida.
d agent in Florida to accept service on its behalf and se of process based on a cause of action arising during et affairs in Florida.
ration:
Address)
te/Zip)
in the future of any change in its mailing address.
April 1, 2019
of a (Date)
Secretary
(Title of person signing)

**FILING FEE \$35**