

FD6000000039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

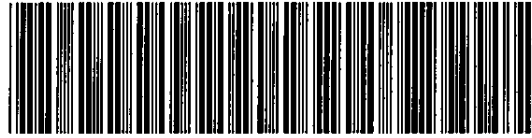
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300097250753

04/19/07--01040--015 \*\*43.75

FILED  
07 APR 19 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

withdrawal

SP

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MacroLife Therapy, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** FO60000000039

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristian Mecoli IF sending (HTN Gabe Nichols)  
(Name of Person)

MacroLife Therapy, Inc  
(Firm/Company)

4747 Hollywood Blvd #170.  
(Address)

Hollywood, FL 33021.  
(City/State and Zip code)

For further information concerning this matter, please call:

Kristian Mecoli at (561) 504-8876.  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

MacroLife Therapy, Inc.  
(Name of Corporation)

F06000000039  
(Document Number of Corporation (if known))

Delaware  
(Incorporated Under Laws of)

FILED  
07 APR 19 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:

4500 Biscayne Blvd # 350  
(Mailing Address)

Miami, FL 33137  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

[Signature]  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

4/16/07  
(Date)

Kristian Meedi  
(Typed or printed name of person signing)

President  
(Title of person signing)

**FILING FEE \$35**