

FD6000003677

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

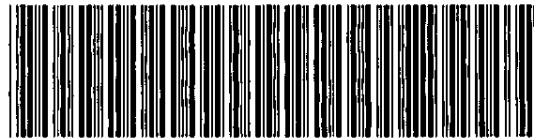
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

15 FEB 25 AM 10:59

NOT INTERESTED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

SECTION OF STATE  
DIVISION OF CORPORATIONS

15 FEB 25 AM 10:08

C.L.  
2-26-15

ACCOUNT NO. : I20000000195

REFERENCE : 514197 5166594

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 43.75

ORDER DATE : February 24, 2015

ORDER TIME : 9:27 AM

ORDER NO. : 514197-020

CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: BERKELEY HEARTLAB, INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Berkeley HeartLab, Inc.

(Name of Corporation)

**DOCUMENT NUMBER:** F06000003677

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

Please return all correspondence concerning this  
matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

at ( )

(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 & 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  
2661 Executive Center Circle  
Tallahassee, FL. 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

15 FEB 25 AM 10:08

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

Berkeley HeartLab, Inc.

\_\_\_\_\_  
(Name of Corporation)

F06000003677

\_\_\_\_\_  
(Document Number of Corporation (if known))

CA

\_\_\_\_\_  
(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:


3 Giralda Farms

\_\_\_\_\_  
(Mailing Address)

Madison, NJ 07940

\_\_\_\_\_  
(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)

2/13/15  
\_\_\_\_\_  
(Date)

William J. O'Shaughnessy, Jr.

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**