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TO: Amendment Section Division of Corporation	ons		8	
oboolth.	credit.com, In	ıc	野人	THE STATE OF
SUBJECT: enealui				J. O.F.
		f Corporation)	•	
DOCUMENT NUMBER:	F0700000075	ا لا		
The enclosed withdrawal ap	plication and fee are sub	mitted for filing.		
Please return all corresponder matter to the following:	nce concerning this			
Nancy Wal	ters			
	(Name o	f Person)		
	,	ompany)		
4010 W Bo	y Scout Blvd,	Ste 1100)	
	(Add	dress)		
Tampa, FL	33607			
		and Zip code)		
		11.		
For further information conce				
Nancy Walters	at (_	313 288	3-6253	
(Name of Pers Enclosed is a check for the ar	,	(Area Code &	Daytime Telephone Number)
\$35 Filing Fee \$43.75 Certific	cate of Status Certified	ional copy is	\$52.50 Filing Fee, Certificate of Status & Cert Copy (Additional copy is e	
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Amendment S			nendment Section	
Division of Co	•		vision of Corporations 11 Executive Center Circle	

Tallahassee, FL.32314

Tallahassee, FL. 32301

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

ehealthcredit.com, Inc.	
(Name of	Corporation)
F0700000758	
(Document Number o	f Corporation (if known)
Delaware	
(Incorporated	Under Laws of)
voluntarily surrenders its authority to transact business. This corporation revokes the authority of its register.	red agent in Florida to accept service on its behalf and rice of process based on a cause of action arising during uct affairs in Florida.
——————————————————————————————————————	g Address)
Tampa, FL 33607	
(City/	State /Zip)
The corporation agrees to notify the Department of Sta	ate in the future of any change in its mailing address.
	12/31/15
(Signature of a director, president or other officer - if in the har receiver or other court appointed fiduciary, by that fiduciary	nds of a (Date)
Tim Diasti	Pres/Dir
ווווו טומטנו	1 100/011

(Title of person signing)

(Typed or printed name of person signing)