

F070000002035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

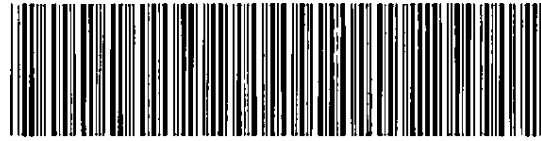
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2024 JAN 23 PM 12 52

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A. RAMSEY

JAN 24, 2024

FILE 1ST

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000185
REFERENCE : 271256 8363463

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 17, 2024

ORDER TIME : 10:09 AM

ORDER NO. : 271256-105

CUSTOMER NO: 8363463

FOREIGN FILINGS

NAME: CRITICAL CARE SYSTEMS OF
PENSACOLA, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

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

CRITICAL CARE SYSTEMS OF PENSACOLA, INC.

(Name of Corporation)

F07000002035

(Document Number of Corporation (if known))

Delaware on March 11, 1991

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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STATE OF FLORIDA
DEPARTMENT OF REVENUE

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:

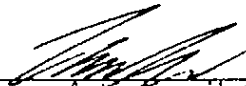
3000 Lakeside Drive, Suite 300N

(Mailing Address)

Bannockburn, IL 60015

(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)

Michael Shapiro

(Typed or printed name of person signing)

1/17/23

(Date)

President, CFO/Treasurer

(Title of person signing)

FILING FEE \$35