F07000003167

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) States Elph Hone "y
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700337849467

12/10/19--01001--016 **147.50

2919 DEC 10 PAIN: O 1019 DEC 10 PM 12: 00

FILED

K. SALY DEC 1 1 2019

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/10/2019	_
	WALK IN
ENTITY NAME DR. JIL	L FOOT PADS
-	
DOCUMENT NUMBER_	
	PLEASE FILE THE ATTACHED AND RETURN
	Plain Copy
XXXX	Certified Copy
	Certificate of Status
**************************************	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Arts & Amendments
	Certificate of Good Standing
	Cert. Copy of Restated Arts & Amends if available. If not provide Cert. Copy of Arts & Amends.
	APOSTILLE' / NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	TION
NUMBER OF CERTIFICA	TES REQUESTED
TOTAL OWED 43.75	СНЕСК # ⁷⁰¹²
Please call Tina at t	he above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: DR. JILL'S FOOT PADS INC.	
(Name of Corporation)	
DOCUMENT NUMBER: F07000003167	
The enclosed withdrawal application and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
JILI. SCHEUR	
(Name of Person)	
DR. JILL'S FOOT PADS INC.	
(Firm/Company)	
384 S. MILITARY TRAIL	
(Address)	
DEERFIELD BEACH, FL 33442	
(City/State and Zip code)	
For further information concerning this matter, please call:	
Courtney L. Scanlon - c/o Hodgson Russ LLP 716 848-1538	
(Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the amount:	-
\$35 Filing Fee \$\bigs\\$43.75 Filing Fee & \$\bigs\\$43.75 Filing Fee & \$\bigs\\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Certificate of Status & Certified Copy (Additional copy is enclosed)	ed)
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	



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

(Name of Corporation)

DR. JILL'S FOOT PADS INC.

	(Document Number of Corporation	n (if known)
	(Doubletti Palling of Co. por and	a (K Kilo wil)
New York		
	(Incorporated Under Law	s of)
	ransacting business or conducting crity to transact business or condu	g affairs within the State of Florida and here ct affairs in Florida.
oints the Department of St		in Florida to accept service on its behalf a cess based on a cause of action arising duri in Florida.
e following is a current mail	ling address for the corporation:	
, , o . o . ,	6 a	
384 S. MILITARY TRA		
	(Mailing Address)	
DEERFIELD BEACH, I	°L 33442	
DEERFIELD BEACH, F		
DEERFIELD BEACH, I	FL 33442 (City/ State /Zip)	
DEERFIELD BEACH, I		
<u>, , , , , , , , , , , , , , , , , , , </u>	(City/ State /Zip)	uture of any change in its mailing address.
e corporation agrees to notif	(City/ State /Zip) fy the Department of State in the i	luture of any change in its mailing address.
e convoration agrees to notif	(City/ State /Zip) fy the Department of State in the i	

FILING FEE \$35