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R. WHITE

COVER LETTER

| TO: Amendment Section Division of Corporations | |
|---|--|
| SUBJECT: Anulex Technolog (Name | ics, Inc. |
| (Name | of Corporation) |
| DOCUMENT NUMBER: | |
| The enclosed withdrawal application and fee are st | abmitted for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Lori Milbrandt (Name | |
| (Name | of Person) |
| | |
| (Firm/ | Company) |
| 5433 Woodlawn Blvd (A) Minneapolis MN (City/State | |
| (A | ddress) |
| Minneapolis MN | 55417 |
| (City/State | and Zip code) |
| For further information concerning this matter, pleas | se call: |
| Lori Milbrandt at (| 612) 220-3718 |
| (Name of Person) Enclosed is a check for the amount: | (Area Code & Daytime Telephone Number) |
| (Addi | 5 Filing Fee & \$\sum \\$52.50 \text{ Filing Fee,} \\ \text{ied Copy} \text{Certificate of Status & Certified} \\ \text{Copy (Additional copy is enclosed)} \\ \text{osed)} |
| MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 | STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle |

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

| Anulex Technologies, Inc. (Name of Corporation) |
|---|
| (Name of Corporation) |
| |
| (Document Number of Corporation (if known) |
| Delaware |
| (Incorporated Under Laws of) |
| This corporation is no longer transacting business or conducting affairs within the State of Florida and here 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 a 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: |
| 5433 Wood lawn Blod (Mailing Address) |
| Mailing Address) Minn capolis MN 55417 (City/ State /Zip) |
| (City/ State /Zip) |
| The corporation agrees to notify the Department of State in the future of any change in its mailing address. 2 / 19 / 14 (Signature of a director president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date) |
| Jeff Petrs Pres Pres (Typed or printed name of person signing) (Title of person signing) |