

F07000005683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

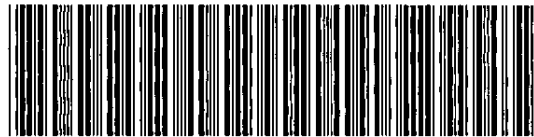
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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08 OCT -1 PM 1:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CC W: Shdr
OCT 01 2008



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 735549 7667927

AUTHORIZATION

[Handwritten signature]

COST LIMIT : \$35.00

ORDER DATE : September 25, 2008

ORDER TIME : 11:40 AM

ORDER NO. : 735549-055

CUSTOMER NO: 7667927

FOREIGN FILINGS

NAME: DELTA PHARMA, INC.

FILED FIRST

XX CORPORATE

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

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

DELTA PHARMA, INC.

(Name of Corporation)

F07000005683

(Document Number of Corporation (if known))

Illinois

(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:

60 Harvard Mill Square

(Mailing Address)

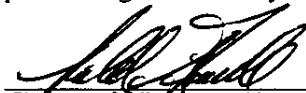
Wakefield, MA 01880

(City/ State /Zip)

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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)

9/18/08

(Date)

Ron Fuccillo

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35