

F07000005765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

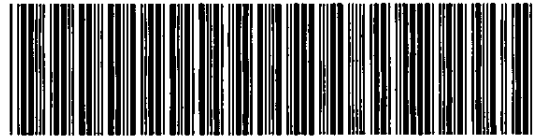
(Business Entity Name)

(Document Number)

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R. WHITE

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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December 26, 2013

Florida Department of State  
Division of Corporations  
Amendment Section  
P.O. Box 6327  
Tallahassee FL 32314

RE: Kentrox, Inc.

Dear Sir/Madam:

Enclosed for filing is an Application by Foreign Corporation for Withdrawal of Authority which is submitted on behalf of the above corporation. Also enclosed is a check in the amount of \$35 in payment of the filing fee.

Please return evidence of filing to me. A postpaid return envelope is provided for your convenience. Thank you for your assistance.

Very truly yours,

Susan T. Lapinski  
Corporate Paralegal

Enclosures  
136339.00011

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

KENTROX, INC.

(Name of Corporation)

F07000005765

(Document Number of Corporation (if known))

OREGON

(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:

750 NORTH COMMONS DRIVE

(Mailing Address)

AURORA, IL 60504

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

*R. Gilbert*  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

12/5/2013  
(Date)

RICHARD S. GILBERT

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**

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STATE DEPT OF STATE  
TALLAHASSEE, FLORIDA