F8800003881

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
Walk In \$ 35.00					

Office Use Only



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WKM

19 JAN 16 PM 4: 10

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 588547 7217841					
AUTHORIZATION: Spelle Rear					
COST LIMIT : \$\alpha_3 \tag{3} \tag{\pi_0}					
ORDER DATE : January 16, 2019					
ORDER TIME : 3:30 PM					
ORDER NO. : 588547-005					
CUSTOMER NO: 7217841					
FOREIGN FILINGS					
NAME: BIOMED PA, 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					

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

SURIE	CT: Biomed PA, Inc	; .		
CODOL		<u> </u>	(Name of Corporation	on)
DOCU	MENT NUMBER:	F08000003881		
Division of Corporations SUBJECT: Content of Corporation				
	Division of Corporations Biomed PA, Inc. (Name of Corporation) OCUMENT NUMBER: F08000003881 The enclosed withdrawal application and fee are submitted for filing. The enclosed withdrawal application and fee are submitted for filing. The enclosed withdrawal application and fee are submitted for filing. The enclosed withdrawal application and fee are submitted for filing. The enclosed withdrawal application and fee are submitted for filing. The enclosed withdrawal application and fee are submitted for filing. The enclosed for the following: The enclosed of Person (Name of Person) The enclosed is a check for the amount: The enclosed is			
	Division of Corporations UBJECT: Biomed PA, Inc.			
			(Firm/Company)	
			(Address)	
		(C	ity/State and Zip code)
For furth	ner information cond	eming this matt	er, please call:	
			at (<u>833</u> 7	
Enclosed			(Area Coo	de & Daytime Telephone Number)
\$35 F			Certified Copy (Additional copy is	Certificate of Status & Certified
	Amendment : Division of C	Section orporations		Amendment Section Division of Corporations

Tallahassee, FL. 32301

Tallahassee, FL.32314

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

(Name of Corporation	n)
F08000003881	
(Document Number of Corporation	on (if known)
Pennsylvania	
(Incorporated Under Law	ss of)
This corporation revokes the authority of its registered agent appoints the Department of State as its agent for service of prothe time it was authorized to transact business or conduct affairs. The following is a current mailing address for the corporation:	cess based on a cause of action arising during
11 Trafalgar Square, Ste. 101	
(Mailing Address) Nashua, NH 03063	JAN 15
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fi	
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)) A ~ 18, 2019 (Date)
John Ginzler	CFO and Treasurer
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35