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		Acc#I20160000072	- 4: DW
Name:	MEMOME	ETAL, INC	
Document #:			
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COVER LETTER

TO:	Amendment Section Division of Corporations		
SHRI	Memometal, Inc.		
J () D ()		(Name of Corporation	<u> </u>
DOC	UMENT NUMBER: F10000004433		
The e	nclosed withdrawal application and	fee are submitted for fi	ling.
	e return all correspondence concerning r to the following:	this	
	Kent Dolbee		
		(Name of Person)	
	Stryker Corporation		
		(Firm/Company)	
	2825 Airview Blvd		
		(Address)	
	Kalamazoo, MI 49002		
	(0	City/State and Zip code)
For fu	urther information concerning this mat	ter, please call:	
Kent I	Dolbec	at () 35	89-7579
Enclo	(Name of Person) used is a check for the amount:		le & Daytime Telephone Number)
\$3	5 Filing Fee \$\int \$43.75 Filing Fee & Certificate of Status		Certificate of Status & Certified
	MAILING ADDRESS:		STREET ADDRESS:
	Amendment Section		Amendment Section Division of Corporations
	Division of Corporations P.O. Box 6327		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

Memometal, Inc.

(Name of Corp.	oration)
F10000004433	poration (if known)
(Document Number of Corp	poration (if known)
Delaware	
(Incorporated Und	er Laws of)
This corporation is no longer transacting business or cond- voluntarily surrenders its authority to transact business or c	
This corporation revokes the authority of its registered a appoints the Department of State as its agent for service of the time it was authorized to transact business or conduct a	of process based on a cause of action arising during
The following is a current mailing address for the corporati	ion:
2825 Airview Blvd	
(Mailing Add	dress)
Kalamazoo, MI 49002	
(City/ State /	/Zip)
The corporation agrees to notify the Department of State in	the future of any change in its mailing address.
(Signature of a director, president of other officer - if in the hands of receiver or other court appointed fiduciary, by that fiduciary)	fa (Date)
David Furgason	Authorized Person
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35