## F10000004900

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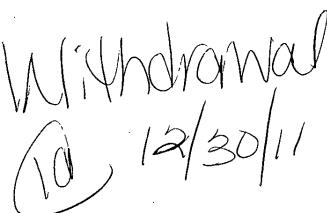


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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: Cal City Wedical Supply Inc (Name of Corporation)
DOCUMENT NUMBER:F10000004906
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Max Levine (Name of Person)
(Name of Person)  Cal City Medical Supply Inc dba Smart Remedies (Firm/Company)
221 S. 9th St. Suite A
(Address)
Opelika AL 36801
(City/State and Zip code)
For further information concerning this matter, please call:
(Name of Person) at (415) 867-2272 (Area Code & Daytime Telephone Number)
MAILING ADDRESS: Amendment Section Division of Corporations  STREET ADDRESS: Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

478 4 1

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Cal City Medical Supply Inc	_
F 1 000000 449 0 0 (Document Number of Corporation (if known)	_
California (Incorporated Under Laws of)	-
This corporation is no longer transacting business or conducting affairs within the State of Florida a 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 bappoints the Department of State as its agent for service of process based on a cause of action arising a time it was authorized to transact business or conduct affairs in Florida.	
The following is a current mailing address for the corporation:  221 S. 9th St. Suik A  (Mailing Address)	SECRETARY DIVISION OF CO
Opelika A 36801 (City/ State/Zip)	TARY OF STAIL OF CORPORATION
The corporation agrees to notify the Department of State in the future of any change in its mailing additional state of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary. by that fiduciary)  (Date)	ress.
Max Levine (Typed or printed name of person signing)  President (Title of person signing)	

FILING FEE \$35