F10000	005379
(Requestor's Name) (Address) (Address)	600241404066
(City/State/Zip/Phone #)	11/05/1201012012 **35.00
Special Instructions to Filing Officer:	Withdraug/ 11/8/12

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November 2, 2012

Florida Department of State **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**RE:** Oxygen Biotherapeutics, Inc.

**Dear Filing Officer:** 

Please file the attached Application for Withdrawal for the referenced company. Enclosed please find a check for the requisite fees. Please return evidence of filing to my attention via regular mail.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (800) 862-5438. Thank you very much for your assistance.

Very truly yours,

la Stauffer M Linda Stauffer

**Client Specialist** 

Enclosures

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

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SUBJECT: Oxygen Biotheraupetics, Inc.

(Name of Corporation)

DOCUMENT NUMBER:

The enclosed withdrawal application and fee are submitted for filing. Please return all correspondence concerning this matter to the following:

Linda Stauffer	
	(Name of Person)
NRAI Corporate Services	
······································	(Firm/Company)
1021 Main Street, Suite 1150	
	(Address)
Houston, TX 77002	
	City/State and Zip code)
For further information concerning this mat	tter, please call:
Linda Stauffer	at () 862-5438
(Name of Person) Enclosed is a check for the amount:	(Area Code & Daytime Telephone Number)
X \$35 Filing Fee ☐\$43.75 Filing Fee & Certificate of Status	<ul> <li>□\$43.75 Filing Fee &amp; □\$52.50 Filing Fee,</li> <li>Certified Copy</li> <li>(Additional copy is Enclosed)</li> <li>□\$52.50 Filing Fee,</li> <li>Certificate of Status &amp; Certified</li> <li>Copy (Additional copy is enclosed)</li> </ul>
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

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

## **OXYGEN BIOTHERAPEUTICS, INC.**

(Name of Corporation)

F1000005379

(Document Number of Corpor	
Delaware	

(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:

One Copley Parkway, Suite 490		
	(Mailing Address)	
Morrisville, NC 27560		
	(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 or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael B. Jebsen

CFO and President

(Typed or printed name of person signing)

O and T resident

(Title of person signing)

2012

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FILING FEE \$35