

F11000001387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

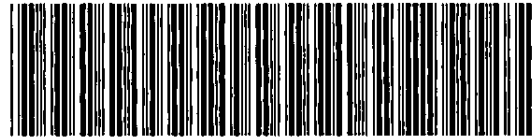
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

File 1st

Office Use Only



700277907767

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 OCT -8 PM 4:43

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT -8 AM 9:17

OCT 9 2015

C LEWIS

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 10/8/15

NAME: MAXXON HOME HEALTH CARE, INC

TYPE OF FILING: WITHDRAWAL

COST: 43.75

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

** File First **

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

MAXXON HOME HEALTH CARE, INC.

(Name of Corporation)

F11000001387

(Document Number of Corporation (if known))

Alabama

(Incorporated Under Laws of)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 OCT -8 AM 9:17

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:

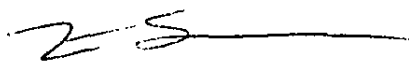
Attn: Comptroller - 8250 NW 27th Street, Suite 304

(Mailing Address)

Miami, Florida 33122

(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)

10/ 8 /2015

(Date)

Zachary Schiffman

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35