

F11000002638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 MAR 24 PM 4:35

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DEPARTMENT OF STATE  
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MAR 25 2016

C McNAIR

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

FILED STATE  
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16 MAR 24 PM 4:36

ACCOUNT NO. : I20000000195

REFERENCE : 076288 5123532

AUTHORIZATION :

COST LIMIT \$ 35.00

ORDER DATE : March 24, 2016

ORDER TIME : 3:30 PM

ORDER NO. : 076288-020

CUSTOMER NO: 5123532

FOREIGN FILINGS

NAME: WM SLEEPCARE, 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

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

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

WM SleepCare, Inc.

(Name of Corporation)

F11000002638

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

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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:

c/o Cheryl DuBois, Sleepmed Inc., 200 Corporate Place, Suite 5B

(Mailing Address)

Peabody, MA 01960

(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)

Jack Fedor

(Typed or printed name of person signing)

(Date)

Secretary & Treasurer

(Title of person signing)

**FILING FEE \$35**