

**F11000002772**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

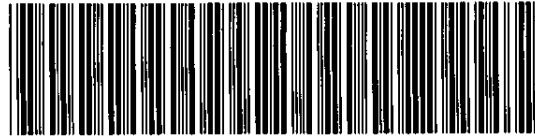
(Business Entity Name)

(Document Number)

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13 OCT 30 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE

13 OCT 30 PM 4:25

**C. LEWIS**

OCT 31 2013

**EXAMINER**



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 817098 7939434

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : September 20, 2013

ORDER TIME : 2:38 PM

ORDER NO. : 817098-005

CUSTOMER NO: 7939434

FOREIGN FILINGS

NAME: JUDAH SANGELCARE, 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: Susie Knight - EXT# 52956

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

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

JUDAHSANGELCARE, INC.

(Name of Corporation)

F11000002772

(Document Number of Corporation (if known))

Wyoming

(Incorporated Under Laws of)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 OCT 30 AM 8:49

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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:


1937 41st Terrace S.W.

(Mailing Address)

Naples, FL 34116

(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)

10/17/13  
(Date)

APRILETTE ROSE

(Typed or printed name of person signing)

PRESIDENT

(Title of person signing)

**FILING FEE \$35**