

7/16/2014 12:30:36 From: To: 8506176380

Division of Corporations

(1/3)

Page 1 of 1

F12000002671

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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**DISSOLUTION OR WITHDRAWAL
BEACON ENDOSCOPIC CORPORATION**

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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JUL 17 2014

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BEACON ENDOSCOPIC CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: F12000002671

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

CHERYL L COPELAND-LEWIS
(Name of Person)

CONVIDEN
(Firm/Company)

15 HAMPSHIRE ST
(Address)

MANSFIELD MA 02048
(City/State and Zip code)

For further information concerning this matter, please call:

Cheryl Copeland-Lewis at (508) 261-6000
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 JUL 16 AM 9:19

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

BEACON ENDOSCOPIC CORPORATION
(Name of Corporation)

F12000002671
(Document Number of Corporation (if known))

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.

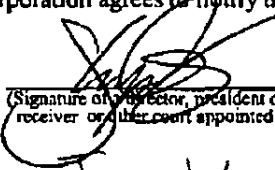
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

15 HAMPSHIRE ST
(Mailing Address)

MANSFIELD MA 02048
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of Director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

JOHN W. KAPPLES
(Typed or printed name of person signing)

7/16/14
(Date)

SECRETARY
(Title of person signing)

FILING FEE \$35