

F 120000 4576

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

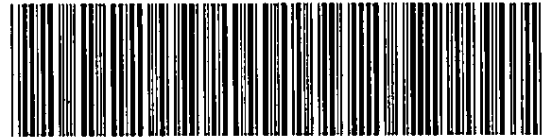
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/16/18--01032--026 **35.00

S TALLENT
JUN 06 2018

FILED
18 JUN -4 AM 11:19
JUN 06 2018

win



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 18, 2018

PATRICIA D. PALMER
POWERS DEVICE TECHNOLOGIES, INC.
5901 BROKEN SOUND PARKWAY, SUITE 100
BOCA RATON, FL 33487

SUBJECT: POWERS DEVICE TECHNOLOGIES, INC.
Ref. Number: F12000004876

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00007894

RECEIVED
18 JUN -14 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 30, 2018

Ms. Susan Tallent, Regulatory Specialist
Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32315

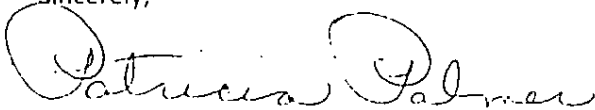
Dear Ms. Tallent:

Enclosed is the completed paperwork for Articles of Dissolution for Powers Device Technologies, Inc.

Since June 2014, Powers Device Technologies, Inc. has been incorporated in the State of Delaware.
Powers Device Technologies, Inc. is a non-operating holding company.

Please let me know if you have any additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Patricia D. Palmer". The signature is written in dark ink and is positioned above the printed name and phone number.

Patricia D. Palmer
917-696-1190

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Powers Device Technologies, Inc
(Name of Corporation)

DOCUMENT NUMBER: F12000004876

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Patricia D. Palmer
(Name of Person)

Powers Device Technologies, Inc
(Firm/Company)
c/o Powers Medical Devices, LLC
5901 Broken Sound Pkwy., Suite 700
(Address)

Boca Raton, FL 33487
(City/State and Zip code)

For further information concerning this matter, please call:

Pat Palmer at (917) 696-1190
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

already sent \$35 check

☐ \$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

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

Powers Device Technologies, Inc
(Name of Corporation)

FR00004876
(Document Number of Corporation (if known))

Delaware
(Incorporated Under Laws of)

FILED
18 JUN -11 AM 11:19
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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:

Powers Device Technologies, Inc
(Mailing Address)
c/o Powers Medical Devices, LLC
5901 Broken Sound Pkwy, NW
(City/ State /Zip)
Suite 100
Boca Raton, FL 33487

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

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

5-30-18
(Date)

Patricia Palmer
(Typed or printed name of person signing)

5-30-18 CP
(Title of person signing)

FILING FEE \$35