

F12000005003

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**DISSOLUTION OR WITHDRAWAL
UROTHERAPIES INC.**

***corrected, please
give original submission
date as file date (3/09/22)

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$43.75

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CORPORATION DIV
TALLAHASSEE FL

MAR 15 2022

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Leslie Sellers

From: faxfinder@capitol-services.com
Sent: Wednesday, March 09, 2022 3:15 PM
To: Leslie Sellers
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6380
Attachments: fax_outbound_850-617-6380_20220309_141514_00005950-0000.pdf

Create Time: 03/09/2022 02:13:15 PM
Schedule Time: 03/09/2022 02:15:14 PM
State: sent
Schedule Message: Successfully sent fax
Hangup code: 0
Try #: 1
Username: admin
Sender name: Leslie Sellers
Sender email: lsellers@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.
Subject: H22000089915
Max tries: 5
Try interval: 600
Priority: 3
Pages: 4
Recipient fax: 850-617-6380
Recipient phone:
Recipient name:
Recipient org: FL SOS
Use cover page: true
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H22000089915

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: UroTherapies, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F12000005003

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

Please return all correspondence concerning this matter to the following:

Andrea Pococke

(Name of Person)

Northern Litho

(Firm/Company)

9010 Strada Stell Court, Suite 103

(Address)

Naples, FL 34109

(City/State and Zip code)

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SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Andrea Pococke

(Name of Person) at (239) 260-3040

(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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H22000089915

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

UroTherapies, Inc.

(Name of Corporation)

F12000005003

(Document Number of Corporation (if known))

New York

12/10/2012

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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SECRETARY OF STATE
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:

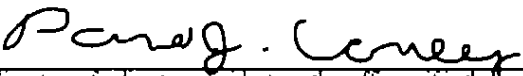
9010 Strada Stell Court, Suite 103

(Mailing Address)

Naples, FL 34109

(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)

3/9/22

(Date)

Daniel J. Conley

(Typed or printed name of person signing)

CEO

(Title of person signing)

FILING FEE \$35

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