

3/14/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000086637 3)))



H190000866373ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

MAR 15 2019

I ALBRITTON

DISSOLUTION OR WITHDRAWAL
TISSUE EXCELLENCE CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED
2019 MAR 14 PM 12:27
SECONDARY DATE
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

Help

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

Tissue Excellence Center, Inc.
(Name of Corporation)

F 13 00000 1080
(Document Number of Corporation (if known))

Wisconsin
(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:

C/o Herzfeld & Rubin, P.C., 125 Broad Street
(Mailing Address)
New York, NY 10004
(City/State/Zip)

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

Gisella Levi Caroti 3/14/2019
(Signature of a director, president or other officer - if in the hands of a
receiver or other court appointed fiduciary, by that fiduciary) (Date)

Gisella Levi Caroti
(Typed or printed name of person signing)

Secretary
(Title of person signing)

FILING FEE \$35