

F13000000 1746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Autologous Blood Resources, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F13000001746

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

Please return all correspondence concerning this matter to the following:

Christine M. Arvanites

(Name of Person)

Autologous Blood Resources, Inc.

(Firm/Company)

P.O. Box 649

(Address)

Lawrenceville, Georgia 30046

(City/State and Zip code)

For further information concerning this matter, please call:

Christine M. Arvanites

at (770) 962-0779

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

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

Autologous Blood Resources, Inc.

(Name of Corporation)

F13000001746

(Document Number of Corporation (if known))

Incorporated in State of Georgia 1/11/2009

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

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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:

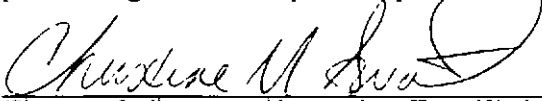
P.O. Box 649

(Mailing Address)

Lawrenceville, GA 30046

(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)

4/30/2020

(Date)

Christine M. Arvanites

(Typed or printed name of person signing)

V.P. and CFO

(Title of person signing)

FILING FEE \$35