

F13000004390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

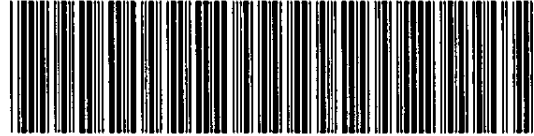
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100270381801

withdrawal

03/12/15--01006--003 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR 12 PM 3:15

FILED

OK
3/12/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MEDICAL TECHNOLOGY MANAGEMENT SERVICES, INC
(Name of Corporation)

DOCUMENT NUMBER: F13000004390

The enclosed withdrawal application and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brianna Siobhan Murphy
(Name of Person)

Thrive Business Group
(Firm/Company)

1128 Finnegan Way #100
(Address)

Bellingham, WA 98225
(City/State and Zip code)

For further information concerning this matter, please call:

Brianna Siobhan Murphy at 360 746-8738
(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

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

MEDICAL TECHNOLOGY MANAGEMENT SERVICES, INC

(Name of Corporation)

F13000004390

(Document Number of Corporation (if known))

NEVADA

(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:

PO BOX 29502 #32025

(Mailing Address)

LAS VEGAS, NV 89126

(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)

Andres Jimenez, MD

(Typed or printed name of person signing)

1/9/2015

(Date)

CEO

(Title of person signing)

FILING FEE \$35

FILED
2015 MAR 12 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA