

F15000002094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

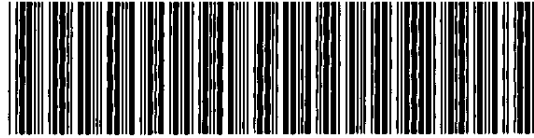
(Document Number)

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S. TALLENT

MAY 12 2017

WMA

RECEIVED
DEPARTMENT OF STATE
17 MAY -4 PM 4:23

FILED
17 MAY -4 PM 12:26
TALLAHASSEE, FLORIDA

PLEASE FILE SECOND

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 623378 7813975

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : May 1, 2017

ORDER TIME : 3:27 PM

ORDER NO. : 623378-035

CUSTOMER NO: 7813975

FOREIGN FILINGS

NAME: COGNITIVE MEDICAL SYSTEMS,
INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____

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

COGNITIVE MEDICAL SYSTEMS, INC.

(Name of Corporation)

F15000002094

(Document Number of Corporation (if known))

DELAWARE

(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:

9444 WAPLES STREET, SUITE 300

(Mailing Address)

SAN DIEGO, CA 92121

(City/ State /Zip)

FILED
17 MAY -4 PM 12:26
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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

DocuSigned by:

Rick Pope

4/30/2017

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

(Date)

Rick Pope

(Typed or printed name of person signing)

COO

(Title of person signing)

FILING FEE \$35