F15000003060

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	Certificates of	of Status
Special Instructions to Filir	ng Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 593578 7953861				
AUTHORIZATION : CANADO E				
COST LIMIT : \$ 35.00				
ORDER DATE : August 13, 2024				
ORDER TIME : 10:35 AM				
ORDER NO. : 593578-220				
CUSTOMER NO: 7953861				
FOREIGN FILINGS				
NAME: AESYNTIX HEALTH, INC.				
XXX 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				

EXAMINER: ____

CONTACT PERSON: Amanda Miller - EXT#

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Aesyntix Health, Inc.	
3000ECT.	(Name of Corporation)
DOCUMENT NUMBER: F1500	0003060
The enclosed withdrawal applicat	tion and fee are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
	(Name of Person)
	(Firm/Company)
	(Address)
	(City/State and Zip code)
For further information concerning	this matter, please call:
Patrick Horan	at () 880.2998
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the amount	:
-	g Fee & \$\Begin{array}{ll} \$43.75 Filing Fee & \$\Begin{array}{ll} \$52.50 Filing Fee. \\ Certified Copy & Certificate of Status & Certified \\ (Additional copy is Enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (Additional copy is enclosed) \$\Begin{array}{ll} \$12.50 Filing Fee. \\ Copy (A
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, EL 32303

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

Aesyntix Health, Inc.

	(Name of Corporation	n)	_
	F15000003060		
	(Document Number of Corporation	on (if known)	_
	Delaware - 07/14/2015		
	(Incorporated Under Laws of and date authorized to tran-	sact business/conduct its affairs)	_
	poration is no longer transacting business or conducting ly surrenders its authority to transact business or conduc-		and hereby
appoints	poration revokes the authority of its registered agent the Department of State as its agent for service of proce as authorized to transact business or conduct affairs in F	ss based on a cause of action arising	behalf and during the
	owing is a current mailing address for the corporation:	<u>5</u>	. 1
	4850 T-Rex Ave., Suite 200		. •
	(Mailing Address)	တ	_
	Boca Raton, FL 33431		
	(City/ State /Zip)		_
The corp	oration agrees to notify the Department of State in the f	uture of any change in its mailing ad	dress.
,	Patrick Horan	10/09/2024	
(5)	Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)	
ľ	Patrick Horan	Assistant Secretary	
_	(Typed or printed name of person signing)	(Title of person signing)	