

#1500003282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

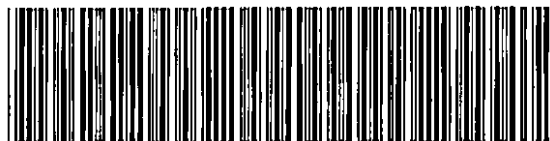
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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AUG 23 2018

FILED  
18 AUG 22 AM 12:08  
TALLAHASSEE, FLORIDA

RECEIVED  
18 AUG 22 AM 10:44  
TALLAHASSEE, FLORIDA  
OFFICE OF THE CLERK  
JUDICIAL SYSTEM

WAM

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

ACCOUNT NO. : I20000000195

REFERENCE : 356980 7971211

AUTHORIZATION :

COST LIMIT : \$ 15.00



ORDER DATE : August 21, 2018

ORDER TIME : 9:30 AM

ORDER NO. : 356980-005

CUSTOMER NO: 7971211

FOREIGN FILINGS

NAME: ALLIQUA BIOMEDICAL, 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: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Alliqua BioMedical, Inc.  
(Name of Corporation)

DOCUMENT NUMBER: \_\_\_\_\_

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

Please return all correspondence concerning this  
matter to the following:

\_\_\_\_\_  
(Name of Person)  
Alliqua BioMedical, Inc.  
(Firm/Company)  
2150 Carver Blvd, West, Ste B  
(Address)  
Lenoirhorne, PA 19047  
(City/State and Zip code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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**

Alliqua Biomedical, Inc.

\_\_\_\_\_  
(Name of Corporation)

F15000003282

\_\_\_\_\_  
(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:

2150 Cabot Blvd, West, Suite B

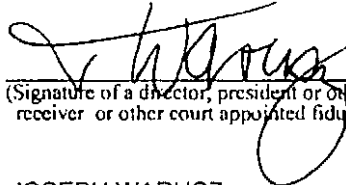
\_\_\_\_\_  
(Mailing Address)

Langhorne, PA 19047

\_\_\_\_\_  
(City/ State /Zip)

FILED  
18 AUG 22 AM 12:00  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

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)

JOSEPH WARUSZ

\_\_\_\_\_  
(Typed or printed name of person signing)

8/9/2018

\_\_\_\_\_  
(Date)

CFO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**