

#1500003282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

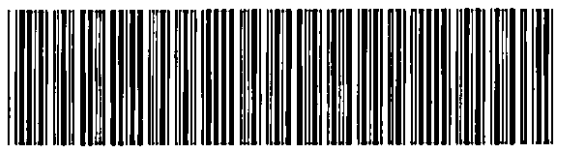
(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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S TALLENT
AUG 23 2018

FILED
18 AUG 22 AM 12:08
TALLAHASSEE, FLORIDA

RECEIVED
18 AUG 22 AM 10:44
JENNIFER W. TALLENT
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

WJM

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

ACCOUNT NO. : I20000000195

REFERENCE : 356980 7971211

AUTHORIZATION :

COST LIMIT :

[Handwritten Signature]
\$ 75.00

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 Carrot Blvd, West, Ste B
(Address)
Lancaster, 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

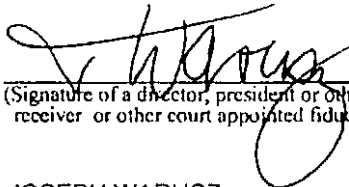
(Mailing Address)

Langhorne, PA 19047

(City/ State /Zip)

FILED
18 AUG 22 AM 12:00
DEPARTMENT OF STATE
CORPORATION SERVICES

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)

8/9/2018

(Date)

JOSEPH WARUSZ

(Typed or printed name of person signing)

CFO

(Title of person signing)

FILING FEE \$35