FIL000000886

_____
(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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APR 16 2018

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

ACCOUNT NO.   :   I20000000195

REFERENCE   :   152062   7743243

AUTHORIZATION   :

COST LIMIT   :

ORDER DATE : April 9, 2018

ORDER TIME : 11:48 AM

ORDER NO.   :   152062-010

CUSTOMER NO: 7743243

FOREIGN FILINGS

NAME: RL MEDCOR, 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: _____

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

RL MedCor, Inc.
_____
(Name of Corporation)

F16000000866
_____
(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:

7117 Pelican Bay Blvd, Unit 1805
_____
(Mailing Address)

Naples, FL 34108
_____
(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)

4/9/2018
_____
(Date)

Lee J Rice
_____
(Typed or printed name of person signing)

President
_____
(Title of person signing)

FILING FEE $35