Division of Corporations Electronic Filing Cover Sheet

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DISSOLUTION OR WITHDRAWAL MEDSOURCE NATIONAL INC.

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COVER LETTER

TO:	Amendment Section Division of Corporations			
SUBJ	ECT: MedSource National fne.	(Name of Corporation	1)	
DOC	JMENT NUMBER: F18000001279			
The er	nclosed withdrawal application and	fee are submitted for fi	ling.	
	return all correspondence concerning to the following:	g this		
	Briann Rose Meginniss, Esq.			
		(Name of Person)		
	MedSource National Inc.			
(Firm/Company) 2 Park Avenue				
				(Address)
	New York, NY 10016			
	((.	lity/State and Zip code)	
For fu	rther information concerning this mat	ter, please call;		
Briana	Rose Meginniss, Esq.	at () ⁵	92-5943	
Enclos	(Name of Person) sed is a check for the amount:	(Area Cod	le & Daytime Telephone Number)	
s35	Filing Fee S43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified	
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle	

Taffahassee, FL, 32301

Tallahassee, FL.32314

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

MedSource National Inc.
(Name of Corporation)
F18000001279
(Document Number of Corporation (if known)
New York
(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:
591 Stewart Avenue, Suite 600
(Mailing Address)
Garden City, New York 11530 (City/ State /Zip) (City/ State /Zip)
(City/ State /Zip)
SSE T
The corporation agrees to notify the Department of State in the future of any change in its mailing add see.
S/18/18 SE

FILING FEE \$35

(Date)

(late of person signing)

President

/s/ Tony Riccardi

Tony Riccardi

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

(Typed or printed name of person signing)