

F/90000005086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

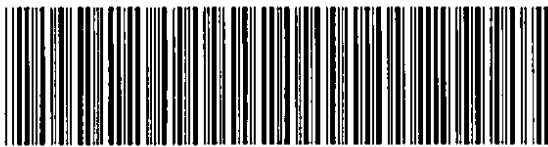
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200392402942

Withdrawal

2022 OCT 17 AM 11:19

FILED

2022 OCT 17 PM 12:03

FILED

A. RAMSEY
OCT 18 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 029929 7813975

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : October 14, 2022

ORDER TIME : 8:53 AM

ORDER NO. : 029929-010

CUSTOMER NO: 7813975

FOREIGN FILINGS

NAME: COGNITIVE MEDICAL SYSTEMS,
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: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations
Cognitive Medical Systems, Inc.

SUBJECT: _____
(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:

Doug Burke

(Name of Person)

Cognitive Medical Systems, Inc.

(Firm/Company)

9920 Pacific Heights Blvd. Ste 150 PM #5604

(Address)

San Diego, CA 92121

(City/State and Zip code)

For further information concerning this matter, please call:

Aurora Herrera

800

927-9801 x 62043

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Cognitive Medical Systems, Inc.

(Name of Corporation)

F19000005086

(Document Number of Corporation (if known))

11/7/19

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

9920 Pacific Heights Blvs. Ste 150 PM #5604

(Mailing Address)

San Diego, CA 92121

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:

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

Doug Burke

(Typed or printed name of person signing)

10/13/22

(Date)

President

(Title of person signing)

FILING FEE \$35