

F20000000836

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

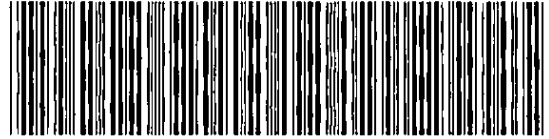
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED


2021 NOV 10 PM 3:52

ALLIANCE

FILED

2021 NOV 10 AM 9:23

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

ACCOUNT NO. : I20000000195
REFERENCE : 218382 4800163
AUTHORIZATION : 
COST LIMIT : \$ 43.75

ORDER DATE : November 10, 2021
ORDER TIME : 2:46 PM
ORDER NO. : 218382-010
CUSTOMER NO: 4800163

FOREIGN FILINGS

NAME: AMERICAN SURGICAL INSTRUMENTS
CORPORATION

XX CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: American Surgical Instruments Corporation

(Name of Corporation)

DOCUMENT NUMBER: F20000000836

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

Please return all correspondence concerning this matter to the following:

Ravi Nallakrishnan

(Name of Person)

American Surgical Instruments Corporation

(Firm/Company)

347 North New River Drive East, Unit 1104

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip code)

For further information concerning this matter, please call:

Robert Willson

at (312) 861-6585

(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**

American Surgical Instruments Corporation

(Name of Corporation)

F20000000836

(Document Number of Corporation (if known))

Delaware 02/14/2020

(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:

347 North New River Drive East, Unit 1104

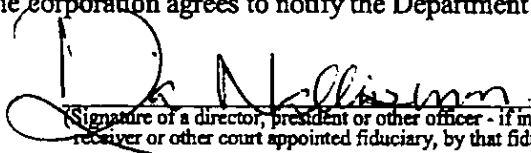
(Mailing Address)

Fort Lauderdale, FL 33301

(City/ State /Zip)

2021 NOV 10 AM 9:23
SECRET
TALL 100-100

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)

November 9, 2021

(Date)

Ravi Nallakrishnan

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35