F2000001211

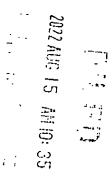
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000392325410

08/15/22--01011--030 +*35.00



lomanberie

SEP 1 5 2027

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	LAB-O FL. CORP.	
	LAB-0 FL. CORP. (Name of Corporation)	
DOCUMENT NUMBER:	F20000001211	
The enclosed withdrawal application and	d fee are submitted for filing.	
Please return all correspondence concerning	ng this matter to the following:	
1	Lieberman - Lieberson (Name of Person)	
·	(Name of Person)	
	LAB-O CORP	
	(Firm/Company)	
Po E	Box 1778	
·	(Address)	— • इ च्च व [
Boca 1	Raton FL. 33429-1778	Err word
((City/State and Zip code)	raan 3.4
For further information concerning this ma	(Name of Person) LAB-O CORP (Firm/Company) BOX 1778 (Address) Rabon F1. 33429-1778 City/State and Zip code) tter, please call:	
Layre Leberman	at (516) 729 - 1006 (Area Code & Daytime Telephone Number)	
(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 & □ \$52.50 Filing Fee, Certified Copy Certificate of Status & Certificate of Stat	
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

LAB-0 FL CORP (Name of Corporation)	
(Name of Corporation)	
F2000001211 (Document Number of Corporation (if known)	
(Document Number of Corporation (if known)	
10-24-2018	
(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 voluntarily surrenders its authority to transact business or conduct affairs in Florida.	hereby
This corporation revokes the authority of its registered agent in Florida to accept service on its behappoints the Department of State as its agent for service of process based on a cause of action arising dutime it was authorized to transact business or conduct affairs in Florida.	ring the
The following is a current mailing address for the corporation:	77.1
The following is a current mailing address for the corporation: $ \frac{Po Box 1778}{\text{(Mailing Address)}} $	- 13 - 13
Boca Rator, F2. 33429-67	-
The corporation agrees to notify the Department of State in the future of any change in its mailing addre	ess.
(Signature of addirector, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary) (Date)	<u>_</u>
Helaine Lieberman-Liebelson Secretary. (Typed or printed name of person signing) (Title of person signing)	

FILING FEE \$35