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TO: Amendment Section Division of Corporations			
SUBJI	Florida Withdrawal of Hemlock Medical, Inc. (Qualified in Florida).		
	(Name of Corporation)		
DOCU	MENT NUMBER:		
The en	closed withdrawal application and fee are submitted for filing.		
Please	return all correspondence concerning this matter to the following:		
	RAVI GALAV		
	(Name of Person)		
	NELSON HARDIMAN		
	(Firm/Company)		
	1100 Glendon Avenue, 14th Floor		
	(Address)		
	LOS ANGELES. CALIFORNIA 90024		
	(City/State and Zip code)		
For fu	ther information concerning this matter, please call:		
RAVI	GALAV at () 203 2809		
	(Name of Person) (Area Code & Daytime Telephone Number)		
Enclos	ed is a check for the amount:		
■ \$35	Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee, Certificate of Status Certified Copy (Additional copy is Enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)		
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303		

HEMLOCK MEDICAL, INC.

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

(Name of Corpor	ration)
F21000002372	_3
(Document Number of Corpo	oration (if known)
CALIFORNIA and Formed on December 30, 2020	8 10
(Incorporated Under Laws of and date authorized to	transact business/conduct its affairs)
his corporation is no longer transacting business or conductional business or conduction transact business or co	cting affairs within the State of Florida and here nduct affairs in Florida.
his corporation revokes the authority of its registered agreepoints the Department of State as its agent for service of pome it was authorized to transact business or conduct affairs	rocess based on a cause of action arising during t
ne following is a current mailing address for the corporation	n:
2448 GREAT HWY. #9	
(Mailing Addr	ess)
SAN FRANCISCO, CA 94116	
(City/ State /Z	(ip)
ne corporation agrees to notify the Department of State in t	the future of any change in its mailing address.
Docusigned by	1/26/2022
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	(Date)
Laura Purdy, M.D.	Director
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35