

F21 000002811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

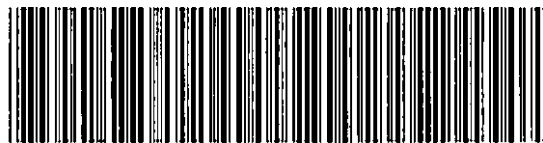
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 OCT 21 PM 2:54

ALLAHASSEE, FLORIDA

2022 OCT 21 11:42

*ef* 10/24/2022

Incorporating Services, Ltd.

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com

incserv<sup>®</sup>

**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 10/21/2022

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1081511

**ORDER ENTITY**  
BIOTRACE MEDICAL, INC.

**PLEASE PERFORM THE FOLLOWING SERVICES:**  
**BIOTRACE MEDICAL, INC. (FL)**

File the attached withdrawal document

**NOTES:**  
\$35.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** BIOTRACE MEDICAL, INC.  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F21000002811  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Laura N. Dietch

\_\_\_\_\_  
(Name of Person)

BIOTRACE MEDICAL, INC

\_\_\_\_\_  
(Firm/Company)

3925 BOHANNON DR., SUITE 200

\_\_\_\_\_  
(Address)

MENLO PARK, CA 94025

\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Laura N. Dietch at ( 650 ) 779 4742  
\_\_\_\_\_  
(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**

BIOTRACE MEDICAL, INC.

\_\_\_\_\_  
(Name of Corporation)

F21000002811

\_\_\_\_\_  
(Document Number of Corporation (if known))

Incorporated Under Laws of Delaware and authorized to transact business in Florida on  
05/20/2021

\_\_\_\_\_  
(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:

3925 BOHANNON DR., STE. 200

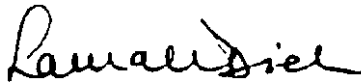
\_\_\_\_\_  
(Mailing Address)

MENLO PARK, CA 94025

\_\_\_\_\_  
(City/ State /Zip)

2022  
10  
11  
15

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)

20 OCT 2022

\_\_\_\_\_  
(Date)

Laura N. Dietch

\_\_\_\_\_  
(Typed or printed name of person signing)

President & CEO

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**