

F93000005072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

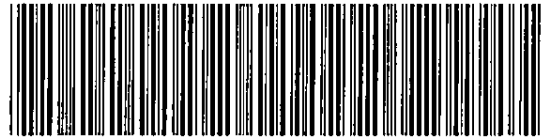
(Business Entity Name)

(Document Number)

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

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With drawal

01/22/24--01004--017 \*\*35.00

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2024 JAN 22 AM 10:34

STATE  
CLERK  
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A. RAMSEY

2024 JAN 23

AM 9:21

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A. RAMSEY  
JAN - 2024

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** MISTY 1/22

**CERTIFIED COPY**

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**WITHDRAWAL**

**1. MEDCOM, INC DBA: MEDCOM/TRAINEX CO.**

(CORPORATE NAME AND DOCUMENT #)

**2.**

(CORPORATE NAME AND DOCUMENT #)

**3.**

(CORPORATE NAME AND DOCUMENT #)

**4.**

(CORPORATE NAME AND DOCUMENT #)

**5.**

(CORPORATE NAME AND DOCUMENT #)

**6.**

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MEDCOM, INC. DBA: MEDCOM/TRAINEX CO.

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

**DOCUMENT NUMBER:** F93000005072

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

Please return all correspondence concerning this matter to the following:

Anthony Holmes

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

Registered Agent Solutions, Inc.

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

5301 Southwest Pkwy., Suite 400

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

Austin, TX 78735

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

For further information concerning this matter, please call:

Anthony Holmes

at (888) 705-7274

\_\_\_\_\_  
(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**

MEDCOM, INC. DBA: MEDCOM/TRAINEX CO.

(Name of Corporation)

F93000005072

(Document Number of Corporation (if known))

Delaware

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

2024 JAN 22 AM 9:21

FILED

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:

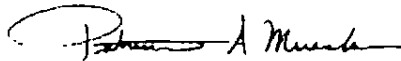
6262 Katella Ave.

(Mailing Address)

Cypress, CA 90630

(City/ State /Zip)

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)

January 5, 2024

(Date)

Patricia A. Muecke

(Typed or printed name of person signing)

Vice President of Finance

(Title of person signing)

**FILING FEE \$35**