

F95000005775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

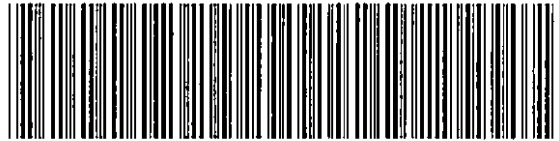
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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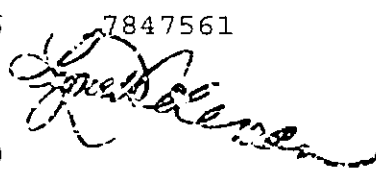
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SECRETARY OF STATE
TALLAHASSEE, FL

AB

FILE 1ST

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

ACCOUNT NO. : I20000000195
REFERENCE : 600666 7847561
AUTHORIZATION : 
COST LIMIT : \$ 35.0

ORDER DATE : August 20, 2024
ORDER TIME : 2:37 PM
ORDER NO. : 600666-010
CUSTOMER NO: 7847561

FOREIGN FILINGS

NAME: MICROTEK MEDICAL, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Shauna Godbolt - EXT#

EXAMINER: _____

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

Microtek Medical, Inc.

(Name of Corporation)

F95000005775

(Document Number of Corporation (if known))

Delaware 11-28-1995

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

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TALLAHASSEE, FL

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:


3 Lakes Drive

(Mailing Address)

Northfield, IL 60093

(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)

08/16/2024

(Date)

Alexander M. Liberman

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35

600666-10