F96000002811

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Thompson Dental Company (Name of corporation)
DOCUMENT NUMBER: F 9600002811
The enclosed withdrawal application and fee are submitted for filing.
Please return all correspondence concerning this matter to the following: 100071395718 -08/15/0201045019 *****35.00 *****35.00
Roian Herbers (Name of Person)
(Firm/Company)
1031 Mendota Heights Rd (Address)
(City/State and Zip code)
For further information concerning this matter, please call:
Brian Herbers at (651) 686-1600 (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

Amendment Section Division of Corporations 409 E. Gaines St. Tallahassee, FL. 32399

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL. 32314



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

Thompson Dental Company (Name of Corporation)
South Carolina (Incorporated Under Laws Of)
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.
his corporation revokes the authority of its registered agent in Florida to accept service on its ehalf and appoints the Department of State as its agent for service of process based on a cause of ction arising during the time it was authorized to transact business or conduct affairs in Florida.
he following is a current mailing address for the corporation:
1031 Mendota Heights Rd (Mailing Address)
5+ Paul MN 55120 (City/ State /Zip)
he corporation agrees to notify the Department of State in the future of any change in its mailing ldress.
Signature of the chairman of the board, Title
receiver, trustee, or other court-appointed fiduciary, by that fiduciary.
Typed or printed name S S O Date Date ARY Typed or printed name