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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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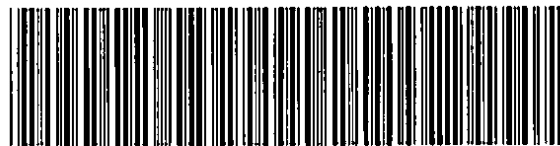
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 12 2010

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/11/2020

Acc#I20160000072

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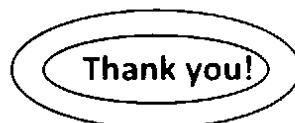
Name:	Luveck Medical Corporation
Document #:	
Order #:	12770290

Certified Copy of Arts & Amend:	<input type="checkbox"/>			
Plain Copy:	<input type="checkbox"/>			
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Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
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Amount: \$	35.00
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**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

LIVECK MEDICAL CORPORATION

(Name of Corporation)

F96000004557

(Document Number of Corporation (if known))

British Virgin Islands, 09/05/1996

(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:

2797 NW 105th Avenue

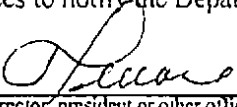
(Mailing Address)

Miami, FL 33172

(City/ State /Zip)

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CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE

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)

Isabel Tenorio

(Typed or printed name of person signing)

March 10, 2020

(Date)

President

(Title of person signing)

FILING FEE \$35