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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	·
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Withdrawal

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## TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Med Superaces, Inc. (Name of corporation)		
DOCUMENT NUMBER:		
The enclosed withdrawal application and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Med Synergies, Iac. (Firm/Company)		
Med.Synergies, lac. (Firm/Company)		
1255 Corporate Dt. 3rd Floor (Address)		
City/State and Zip code)		
For further information concerning this matter, please call:		
Cinds Jeffesson at (972) 791 - 1224  (Name of Person) (Area Code & Daytime Telephone Number)		
STREET ADDRESS: Amendment Section Division of Corporations  MAILING ADDRESS: Amendment Section Division of Corporations		

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

MedSunerales Inc.
(Name of Corporation)
(Document Number of Corporation (if known)
(Incorporated Under Laws of)
(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.
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 ime it was authorized to transact business or conduct affairs in Florida.
The following is a current mailing address for the corporation:    1255   Corporate   Dr.   3rd   Eloo       (Mailing Address)
1255 Corporate Dr. 3rd Floor 97 0 (Mailing Address)
Irving, TX 75038 (City/State/Zip)
(City) State (Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
(Structure of a director, president or other officer - if in the hands of a receiver or other bould appointed fiduciary, by that fiduciary)
received or other boult appointed fiduciary, by that fiduciary)
Frank Marshall Secretary (Typed or printed name of person signing) (Title of person signing)

FILING FEE \$35