

F97000002011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

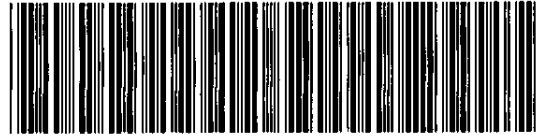
(Business Entity Name)

(Document Number)

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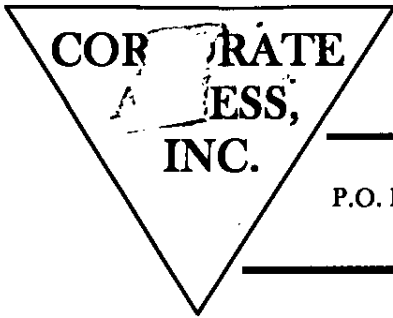
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withdr.  
G. Goulette APR 08 2008



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## WALK IN

PICK UP:

4/8/08 (BW)

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Withdrawal

1. Amil International Health Corporation  
(CORPORATE NAME AND DOCUMENT #) F97-2011

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:

\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

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

Amil International Health Corporation

(Name of Corporation)

(Document Number of Corporation (if known))

Delaware

(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 time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

c/o Michael A. Gold, Esq.

Jeffer, Mangels, Butler & Marmaro LLP

(Mailing Address)

1900 Ave. of the Stars, 7th Fl.

Los Angeles, CA 90067

(City/State/Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

X

(Signature of a director, president or other officer - if in the hands of a  
receiver or other court appointed fiduciary, by that fiduciary)

Edson de Godoy Bueno

(Typed or printed name of person signing)

March 28, 2008

(Date)

Chairman of the Board and  
Chief Executive Officer

(Title of person signing)

**FILING FEE \$35**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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