

F97000002220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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Withdrawal  
CUS  
@ 3/17/11

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Rosamed, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F97000002220

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamie Snyder  
(Name of Person)

SS&G  
(Firm/Company)

32125 Solon Road  
(Address)

Solon, OH 44139  
(City/State and Zip code)

For further information concerning this matter, please call:

Jamie Snyder or Mary Jo Dolson at ( 440 ) 248-8787  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Rosamed, Inc.  
(Name of Corporation)

F97000002220  
(Document Number of Corporation (if known))

Delaware  
(Incorporated Under Laws of)

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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.

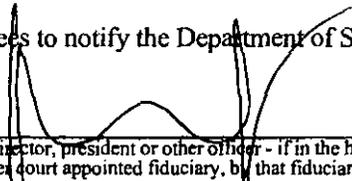
This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

6 North Michigan Ave., Unit 1404  
(Mailing Address)

Chicago, IL 60602  
(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)

SCHMITZ MARGOT  
(Typed or printed name of person signing)

2011-MAR-4  
(Date)



MD, director  
(Title of person signing)

**FILING FEE \$35**

**Rosamed Inc.**  
6 N Michigan, #1404  
Chicago, IL 60602  
Phone: 312 - 420 06 81  
office@rosamed.net