

F98000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

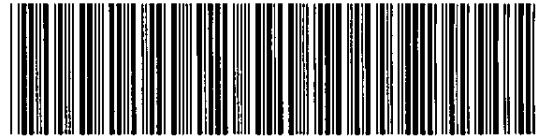
(Business Entity Name)

(Document Number)

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Withdrawal

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14 JAN 13 PM 1:45

DEPARTMENT OF REVENUE

FILED

2014 JAN 13 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR

1/14/14



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 944606 7974872

AUTHORIZATION :

Susie Knight

COST LIMIT : \$ 35.00

ORDER DATE : December 30, 2013

ORDER TIME : 12:54 PM

ORDER NO. : 944606-011

CUSTOMER NO: 7974872

FOREIGN FILINGS

NAME: EL MEDICAL SUPPLIES &
SERVICES, INC.

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight - EXT# 52956

EXAMINER: _____

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2014 JAN 13 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

EL MEDICAL SUPPLIES & SERVICES, INC.

(Name of Corporation)

F98000001274

(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:


PO Box 530366

(Mailing Address)

Miami, FL 33153

(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)

1/10/14
(Date)

EDDIE L. LIGHTSEY

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35