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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

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DISSOLUTION OR WITHDRAWAL LYNX MEDICAL SYSTEMS, INC.

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		cialorations				
SUBJ	BJECT: 13mx Medical Systems, Inc.					
			(Name of Corpor	ation)		
DOC	UMENT NU	MBER:	F9900000461			
		drawal application and prespondence concernit				
			Sharon Piseski			
(Name of Person)						
	Lynx Medical Systems, Inc.					
(Firm/Company)						
13625 Technology Drive						
•			(Address)			
	,		Eden Resirie, MN 5534	14		
		(1	City/State and Zip o	ode)		
For fu	rther informa	tion concerning this ma	ter, please call:	`		
Sharon Piseski		at (917-7834			
Enclos	7	ne of Person) for the amount:	(Area	Code & Daytime Telephone Number)		
⊠ \$35	Filing Fee	\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing For Certified Copy (Additional copt Enclosed)	ce & []\$52.50 Filing Fee, Certificate of Status & Certified y is Copy (Additional copy is enclosed)		
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			Division of Corporations 2661 Executive Center Circle			

FL032 - 95/16/2012 Walters Kluster Qulina

Tallahassee, FL.32314

Tallahassee, PL. 32301

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

Lyn	x Medical Systems, Inc.		
	(Name of Corporation)	•	
	•	·	
	in a constitution of the c		5
	P99000000461		7,7
. (Llocument	Number of Corporation (if)	rato was)	14
· ·	:		6
	Washington		75
- In	ocorporated Under Laws of)	- 	5 %
•			
This corporation is no longer transacting bus voluntarily surrenders its authority to transact			ida and hereb
This corporation revokes the authority of it appoints the Department of State as its agenthe time it was authorized to transact business	t for service of process	based on a cause of action	
The following is a current mailing address fo	or the corporation:		
TIM TOTOWING 19 & content manne and reading	t mo cothornion		
13625 Technology Drive	•		
	(Mailing Address)		
Eden Prairie, MN 55344			
	(City/State/Zip)		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
The corporation agrees to notify the Departm	ent of State in the future	of any change in its mailin	ig address.
PAOS		07/12/2012	
(Signature of Adirector, prisident or other officer receiver or other court appointed fadiciny, by the	if in the hands of a set liduciary)	(Date)	
Brigid M. Spicola		Assistant Secretar	צ
(Typed of printed name of person signing	<u>)</u>	(Title of person signifi	2)
		•	

FILING FEE \$35

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