F9900004003

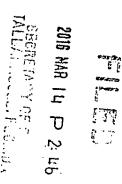
(Requestor's Name)		
Address)		
Address)		
City/State/Zip/Phone #)		
WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certificates of Status		
Special Instructions to Filing Officer:		
;		

Office Use Only



100281800151

03/10/16--01022--013 **35.00





COVER LETTER

TO: Amendment Section Division of Corporations					
Dr. MC \					
SUBJECT: ARIMED, INC. (Name of Corporation) DOCUMENT NUMBER: F9900004003 The enclosed withdrawal application and fee are submitted for filing.					
			Please return all correspondence concerning this matter to the following:		
			ESWARD THOMAS		
			(Name of Person)		
(Firm/Company)					
736 PINELLAS BAYWAY S.					
/(Address)					
736 PINELLAS BAYWAY S. (Address) TIERRA VERDE, FL 33-	115				
(City/State and Zip code)					
For further information concerning this matter, please call:					
ESWARD THOMAS at (727)	599-5225				
(Name of Person) (Area Cod Enclosed is a check for the amount:	e & Daytime Telephone Number)				
\$35 Filing Fee \$43.75 Filing Fee & \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)				
MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314	STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301				

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

FILING FEE \$35