

F9900000 4304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

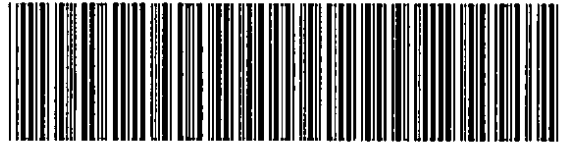
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800352191488

03/29/20--01044--008 **32.50

2020 SEP 29 PM 5:58
STATE OF ILL
TALMADGE, R. D.

FILED

Y SULKEP

NOV 05 2020

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ORBUSNEICH MEDICAL, INC.

(Name of Corporation)

DOCUMENT NUMBER: F99000004304

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

Please return all correspondence concerning this matter to the following:

MICHAEL YEUNG

(Name of Person)

ORBUSNEICH MEDICAL, INC.

(Firm/Company)

5363 N.W. 35TH AVENUE

(Address)

FORT LAUDERDALE, FL 33309

(City/State and Zip code)

For further information concerning this matter, please call:

MICHAEL YEUNG

at (+852) 31097227

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input checked="" type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

ORBUSNEICH MEDICAL, INC.

(Name of Corporation)

F99000004304

(Document Number of Corporation (if known))

08/19/1999

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

5363 N.W. 35TH AVENUE

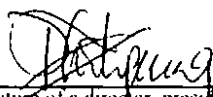
(Mailing Address)

FORT LAUDERDALE, FL 33309

(City/ State /Zip)

FILED
2020 SEP 29 PM 6:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

9/17/2020

(Date)

Leung, Wai Keung

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35

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

ORBUSNEICH MEDICAL, INC.

(Name of Corporation)

F99000004304

(Document Number of Corporation (if known))

08/19/1999

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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:

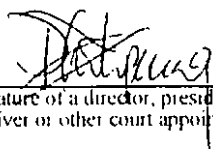
5363 N.W. 35TH AVENUE

(Mailing Address)

FORT LAUDERDALE, FL 33309

(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)

9/17/2020

(Date)

Leung, Wai Keung

(Typed or printed name of person signing)

Director

(Title of person signing)

FILING FEE \$35

FILED
2020 SEP 29 PM 5:58
TALLAHASSEE, FL
CLERK OF THE COURT