

F99000006381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

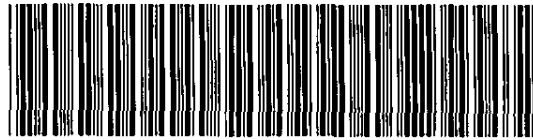
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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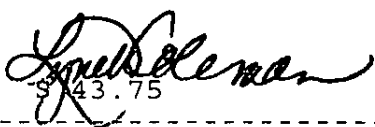
600265722836

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 DEC 31 AM 10:51  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

Withdrawal  
1-2-15  
DC

FILED  
14 DEC 31 AM 9:00  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

file first  
do not separate

ACCOUNT NO. : I20000000195  
REFERENCE : 444345 5166594  
AUTHORIZATION :   
COST LIMIT : \$43.75

ORDER DATE : December 30, 2014  
ORDER TIME : 9:48 AM  
ORDER NO. : 444345-005  
CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: LABONE, INC. OF KANSAS

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** LzbOne, Inc. of Kansas  
\_\_\_\_\_  
(Name of Corporation)

**DOCUMENT NUMBER:** F99000006381  
\_\_\_\_\_

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

Please return all correspondence concerning this matter to the following:

Gary Sherman  
\_\_\_\_\_  
(Name of Person)

Corporation Service Company  
\_\_\_\_\_  
(Firm/Company)

1180 Avenue of the Americas, Suite 201  
\_\_\_\_\_  
(Address)

New York, NY 10036  
\_\_\_\_\_  
(City/State and Zip code)

For further information concerning this matter, please call:

Gary Sherman at ( 800 ) 927-9801 ext. 62049  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee
- \$43.75 Filing Fee & Certificate of Status
- \$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**

LabOne, Inc. of Kansas

\_\_\_\_\_  
(Name of Corporation)

F99000006381

\_\_\_\_\_  
(Document Number of Corporation (if known))

Missouri

\_\_\_\_\_  
(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:

3 Giralda Farms

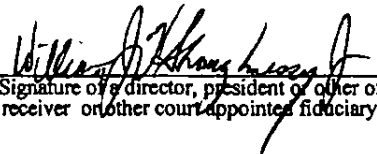
\_\_\_\_\_  
(Mailing Address)

Madison, NJ 07940

\_\_\_\_\_  
(City/ State /Zip)

FILED  
14 DEC 31 AM 9:00  
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)

December 30, 2014

\_\_\_\_\_  
(Date)

William J. O'Shaughnessy, Jr.

\_\_\_\_\_  
(Typed or printed name of person signing)

Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**