

MO3000003676

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

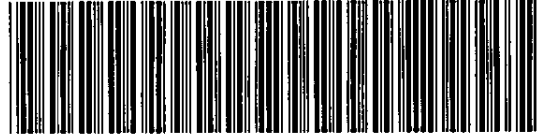
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED  
APR 13 2016  
12:40 PM  
SUFFOLK COUNTY  
CLERK OF SUPERIOR COURT


16 APR 13 AM 11:43

RECEIVED  
APR 13 2016  
12:40 PM  
SUFFOLK COUNTY  
CLERK OF SUPERIOR COURT

16 APR 13 AM 8:34

APR 14 2016  
Y SULKER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 100660 4719544  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

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ORDER DATE : April 13, 2016  
ORDER TIME : 10:14 AM  
ORDER NO. : 100660-025  
CUSTOMER NO: 4719544

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FOREIGN FILINGS

NAME: MEDICAL EXCESS LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medical Excess LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Viktoriya Steinbok

(Name of Person)

Medical Excess LLC

(Firm/Company)

175 Water Street, 15th Floor

(Address)

New York, NY 10038

(City/State and Zip Code)

For further information concerning this matter, please call:

Viktoriya Steinbok

(Name of Person)

at 212 458-6261

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Medical Excess LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

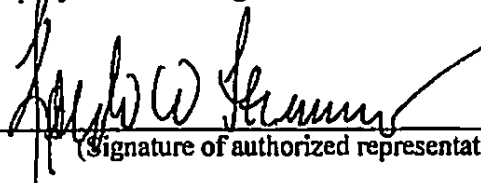
11/03/2003

(Date registered with Florida Department of State)

M03000003676

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Ralph W. Mucerino, President

(Typed or printed name of signee)

16 APR 13 AM 8:34

FILED

FILED

Filing Fee: \$25.00