

M100000000440

(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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APR 07 2017
S. YOUNG

FILED
STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

BRAD MILLER, P.C.
70 West Cushing Street
Tucson, Arizona 85701
(520) 547-2447 Phone
(520) 882-2640 Fax

March 31, 2017

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

Re: NextMed Medical Equipment, LLC

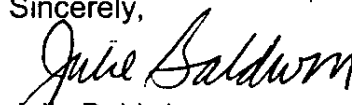
Ladies and Gentlemen:

Enclosed for filing are the following:

1. Original and one copy of the Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for NextMed Medical Equipment, LLC.
2. Check in the amount of \$30.00 for the filing fee and Certificate of Status.

Please send me a file-stamped copy in the enclosed self-addressed envelope.
Please call me if you have any questions.

Sincerely,



Julie Baldwin
Legal Assistant

/jb
Enclosure

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NextMed Medical Equipment, 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:

Julie Baldwin

(Name of Person)

Brad Miller, P.C.

(Firm/Company)

70 W. Cushing Street

(Address)

Tucson, AZ 85701

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Hopper

(Name of Person)

520 382-1294

(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:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 APR -6 PM 2:09

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NextMed Medical Equipment, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

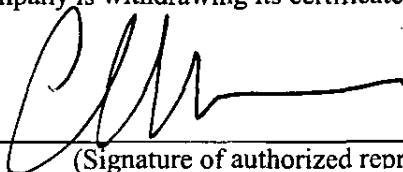
2-1-2010

(Date registered with Florida Department of State)

M10000000440

(Florida Document Number)

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



(Signature of authorized representative)

Christopher Gleason, the President of Cristobal Enterprises, Inc., the
Manager of NextMed Holdings, LLC, the Manager of NextMed Management
Services, LLC, the Manager of NextMed Medical Equipment, LLC

(Typed or printed name of signee)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 APR -6 PM 2: 09

Filing Fee: \$25.00