

M11000000 6245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 18 2016
J. HARRIS



GUNSTER
FLORIDA'S LAW FIRM FOR BUSINESS

Our File No. 41163.00001
Writer's Direct Dial Number: 954-713-6431
Writer's E-Mail Address: rgoldston@gunster.com

February 15, 2016

Via FedEx

Florida Department of State
Registration Section
Division of corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**Re: Notice of Withdrawal of Certificate of Authority for Sensus Healthcare, LLC
Application by Foreign Corporation for Authorization to Transact Business
in Florida for Sensus Healthcare, Inc.**

Dear Sir or Madam:

Enclosed for filing are a Notice of Withdrawal of Certificate of Authority for Sensus Healthcare, LLC and filing fee check in the amount of \$25.00.

Also enclosed to be filed after the above-referenced Notice of Withdrawal of Certificate of Authority for Sensus Healthcare, LLC, are an Application by Foreign Corporation for Authorization to Transact Business in Florida for Sensus Healthcare, Inc., Delaware Certificate of Status and filing fee check in the amount of \$70.00.

Should you have any questions or require additional information, please contact the undersigned.

Sincerely,

Robin L. Goldston
Florida Registered Paralegal

Encs.

cc: Arthur Levine, CFO
Stephanie Quiñones, Esq.
David Scileppi, Esq.

FTL_ACTIVE 4755957 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sensus Healthcare, 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:

Robin L. Goldston, FRP

(Name of Person)

Gunster, Yoakley & Stewart, P.A.

(Firm/Company)

450 E. Las Olas Boulevard, Ste. 1400

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin L. Goldston, FRP

(Name of Person)

at (954) 713-6431

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sensus Healthcare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

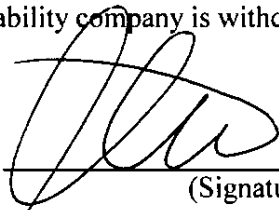
12/13/2011

(Date registered with Florida Department of State)

M11000006245

(Florida Document Number)

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



(Signature of authorized representative)

Arthur Levine, Chief Financial Officer

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
16 FEB 16 PM 12:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA