

M1300000 3578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

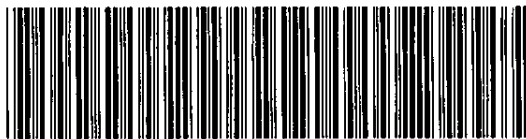
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200278174592

10/22/15--01001--010 **25.00

RECEIVED

15 OCT 21 PM 4:15

10/20/2015 OCT
SUFFICIENT TO FILE

FILED

15 OCT 21 AM 7:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 22 2015

J SHIVERS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Sixth Sence Med Tech, LLC

Signature _____

Requested by: SETH

10/21/15

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ ✓ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ ✓ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SixthSense MedTech, 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:

Ryan Phillips
(Name of Person)

Nicklaus Brown & Co.
(Firm/Company)

3511 SilverSide Road, Suite 105
(Address)

Wilmington, DE 19810
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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

SixthSense MedTech, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

6/6/2013
(Date registered with Florida Department of State)

M13000003578
(Florida Document Number)

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

Ryan Phillips
(Signature of authorized representative)

Ryan Phillips
(Typed or printed name of signee)

FILED
15 OCT 21 AM 7:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00