

M1700000 5210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

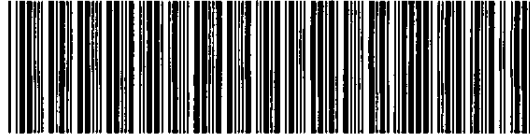
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400280629054

01/28/16--01012--013 **25.00

FILED
16 JAN 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 29 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Single Source Surgical, 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:

STEVE ZANG
(Name of Person)

Single Source Surgical
(Firm/Company)

1806 Autumn Glen Ct
(Address)

Chesterfield, MO 63017
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVE ZANG at (314) 422-0070
(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

Single Source Surgical, LLC
(Name of limited liability company)

MISSOURI
(Jurisdiction of its organization)

8-16-2013
(Date registered with Florida Department of State)

M 13 000005210
(Florida Document Number)

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

[Signature]
(Signature of authorized representative)

STEPHEN ZANG
(Typed or printed name of signor)

FILED
16 JAN 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00