

M13 00000 8149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

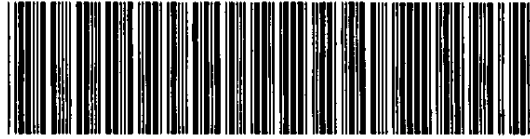
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2016
I. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4 MED Equipment Services 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:

Tammy Powers
(Name of Person)

4 MED Equipment Services LLC
(Firm/Company)

450 Shrewsbury Plaza Ste 293
(Address)

Shrewsbury, N.J. 07702
(City/State and Zip Code)

For further information concerning this matter, please call:

Tammy Powers at (732) 319-3894
(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

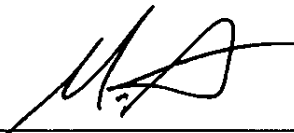
4 MED Equipment Services LLC
(Name of limited liability company)

Delaware Limited Liability Company
(Jurisdiction of its organization)

12/18/2013
(Date registered with Florida Department of State)

M13000008149
(Florida Document Number)

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



(Signature of authorized representative)

Michael Abboud
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
16 MAY -6 PM 5:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA