

M1500000 2745

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

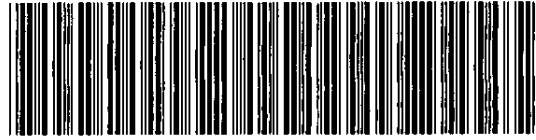
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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SEMI-ANNUAL STATE  
TALLAHASSEE, FLORIDA

15 JUN 23 AM 8:31


RECEIVED  
JUN 23 2016  
TALLAHASSEE, FLORIDA

15 JUN 23 PM 1:33

RECEIVED  
JUN 23 2016

J. HARRIS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 195555 7698494  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2016  
ORDER TIME : 12:57 PM  
ORDER NO. : 195555-015  
CUSTOMER NO: 7698494

FOREIGN FILINGS

NAME: MEDICAL LOGISTIC SOLUTIONS LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MEDICAL LOGISTIC SOLUTIONS, 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:

FORREST KRAUTEN  
(Name of Person)

NETWORK GLOBAL LOGISTICS, LLC  
(Firm/Company)

320 ENTER LOCKEN PARKWAY, SUITE 100  
(Address)

BROOMFIELD, CO 80021  
(City/State and Zip Code)

For further information concerning this matter, please call:

ANGIE HERRERA at ( 720 ) 374-2806  
(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**

Medical Logistic Solutions LLC

\_\_\_\_\_  
(Name of limited liability company)

Colorado

\_\_\_\_\_  
(Jurisdiction of its organization)

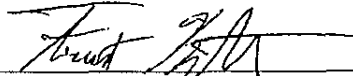
4/15/2015

\_\_\_\_\_  
(Date registered with Florida Department of State)

M15000002745

\_\_\_\_\_  
(Florida Document Number)

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



\_\_\_\_\_  
(Signature of authorized representative)

Forrest Kragten

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

15 JUN 20 11 8:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA