

M13000005214

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

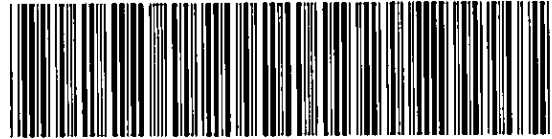
(Business Entity Name)

(Document Number)

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

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Office Use Only



800347206418

2020 JUL -6 AM 8:56  
JUL 07 2020

RECEIVED

JUL 07 2020

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

ACCOUNT NO. : I20000000195

REFERENCE : 284599 8305090

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : May 8, 2020

ORDER TIME : 9:40 AM

ORDER NO. : 284599-045

CUSTOMER NO: 8305090

FOREIGN FILINGS

NAME: SXR MEDICAL LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

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

2023 JUL -5 AM 8:57

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SXR Medical, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/02/2015

(Date registered with Florida Department of State)

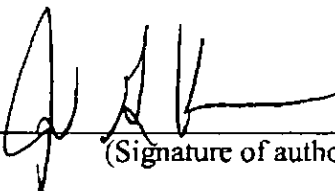
M15000005214

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Jennifer Hopkins

(Typed or printed name of signee)

**Filing Fee: \$25.00**