

m1600000044

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

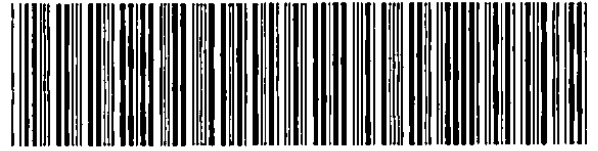
(Business Entity Name)

(Document Number)

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

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2018 NOV -1 PM 2:36

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2019 NOV -1 PM 4:42

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NOV 3 2018

T. LEVINE

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

ACCOUNT NO. : I20000000195  
REFERENCE : 032895 7847561  
AUTHORIZATION :  
COST LIMIT : \$ 25.00

ORDER DATE : November 1, 2019  
ORDER TIME : 3:41 PM  
ORDER NO. : 032895-010  
CUSTOMER NO: 7847561

FOREIGN FILINGS

NAME: EXCELSIOR MEDICAL, 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: Kadesha Roberson - EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Excelsior Medical, 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:

Legal Operations

\_\_\_\_\_  
(Name of Person)

Medline Industries, Inc.

\_\_\_\_\_  
(Firm/Company)

3 Lakes Drive

\_\_\_\_\_  
(Address)

Northfield, IL 60093

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Mayhew

224

931-1156

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

Excelsior Medical, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

01/19/2016

(Date registered with Florida Department of State)

M16000000443

(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)

Alexander M. Liberman, Asst. Secretary of Medline Industries, Inc., as Manager

(Typed or printed name of signee)

FILED  
2019 NOV - 1 PM 2:37  
CLERK OF THE COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**