

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL NUGENEREX MEDICAL MARKETING, LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NuGenerex Medical Ma	arketing, LLC	
	(Name of limited liability company)	
Delaware		
 -	(Jurisdiction of its organization)	12019 17ALL
January 4, 2019		F
	(Date registered with Florida Department of State)	HA TE
M19000000251		SS 18
	(Florida Document Number)	E F
This limited liability	y company is withdrawing its certificate of authority in this state.	of Country
Effective Date, if ot		hmon iit)
(If an effective date more than 90 days a	is listed, the date must be specific and cannot be prior to date of tafter filing.)	filing or
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	ecus gand by:	
	(Signature of authorized representative)	
Terry	y Thompson	
	(Typed or printed name of signee)	

Filing Fee: \$25.00