P10000050239

(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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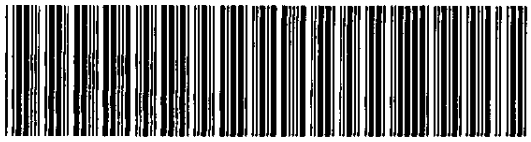

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 13 AM 11:00

RA/RES

10 4/14/11

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BIOLIFE MEDICAL INC
(Name of Corporation)

DOCUMENT NUMBER: P10000050239

The enclosed Resignation of Registered Agent for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEITH GOOCH
(Name of Person)

ADVANCED ACCOUNTING SERVICES LLC
(Name of Firm/Company)

10151 DEERWOOD PARK FL BLDG 200-250
(Address)

JACKSONVILLE FL 32256
(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH GOOCH at (904) 476-8382
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check made payable to the Florida Department of State for $87.50 for an active corporation or $35.00 for an administratively dissolved, voluntarily dissolved or withdrawn corporation.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

CR2E046(08/05)

RESIGNATION OF REGISTERED AGENT FOR A CORPORATION

Pursuant to the provisions of sections 607.0502(2), 617.0502(2), 607.1509, or 617.1509, Florida Statutes, the undersigned, ADVANCED ACCOUNTING SERVICES LLC
(Name of Registered Agent)

hereby resigns as Registered Agent for BIOLIFE MEDICAL INC
(Name of Corporation),

P10000050239
(Document Number, if known)

A copy of this resignation was mailed to the above listed corporation at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

(Signature of Resigning Agent)

If signing on behalf of an entity:

KEITH GOOCH
(Typed or Printed Name)

MANAGING MEMBER
(Capacity)

FILED
11 APR 13 AM 11:00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Fee for filing this document:
$87.50 - Active corporation
$35.00 - Administratively dissolved/voluntarily dissolved/ withdrawn corporation

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314