

P22826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

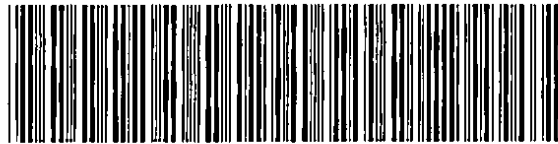
(Business Entity Name)

(Document Number)

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

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RECEIVED  
FILING OFFICE

JUN 13 2017  
C MACNAIR

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

ACCOUNT NO. : I20000000195  
REFERENCE : 798032 7435048  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 35.00

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ORDER DATE : June 12, 2019  
ORDER TIME : 9:37 AM  
ORDER NO. : 798032-070  
CUSTOMER NO: 7435048  
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FOREIGN FILINGS

NAME: ALCON LABORATORIES, INC.

☒ 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: Roxanne Turner ext 62969

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

(

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Alcon Laboratories, Inc.

\_\_\_\_\_  
(Name of Corporation)

P22826

\_\_\_\_\_  
(Document Number of Corporation (if known))

Delaware

\_\_\_\_\_  
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

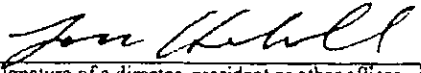
6201 South Freeway

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

Fort Worth, TX 76134

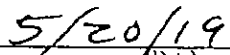
\_\_\_\_\_  
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Tom Hudnall

\_\_\_\_\_  
(Typed or printed name of person signing)

  
\_\_\_\_\_  
(Date)

Assistant Secretary

\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**