M16000004447

(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
2022 JUN 24 PM 3:31
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2022 JUN 24 AM 9:40
TALLAHASSEE, FL

6/27/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 770917 7339540

AUTHORIZATION

COST LIMIT : $-25.00

ORDER DATE : June 24, 2022

ORDER TIME : 2:21 PM

ORDER NO. : 770917-010

CUSTOMER NO: 7339540

FOREIGN FILINGS

NAME: RESOURCES HEALTHCARE SOLUTIONS LLC

_____ CORPORATE
_____ LIMITED PARTNERSHIP
XX___ 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: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Resources Healthcare Solutions, 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:

Rebecca Cottrell
(Name of Person)

Resources Connection, Inc.
(Firm/Company)

17101 Armstrong Avenue
(Address)

Irvine, California 92614
(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Cottrell at (714) 430-6575
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Resources Healthcare Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

06/03/2016

(Date registered with Florida Department of State)

M16000004447

(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.

Rebecca Cottrell

(Signature of authorized representative)

Rebecca Cottrell, Associate General Counsel, Corporate

(Typed or printed name of signee)

2022 JUN 24 AM 9:40

Filing Fee: $25.00