

M16000008162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

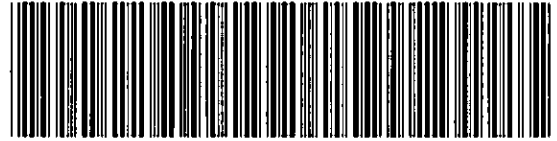
(Business Entity Name)

(Document Number)

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T. LEMIEUX



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 12/27/2019

Name: Merritt Walker

Reference #: 1169317

Entity Name: FRESENIUS VASCULAR CARE FOUR CORNERS ASC, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25

Signature: *MW*

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fresenius Vascular Care Four Corners ASC, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

October 12, 2016
(Date registered with Florida Department of State)

M16000008162
(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 records.

/s/ Jeffrey E. Snodgrass
(Signature of authorized representative)

Jeffrey E. Snodgrass
(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA