

MIL 00000 9128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900428440109

FILED
2024 MAY 16 PM 12:38
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

RECEIVED
2024 MAY 16 AM 10:30
DIRECTOR
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fresenius Vascular Care South Florida ASC, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 1, 2016

(Date registered with Florida Department of State)

M1600009628

(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.



(Signature of authorized representative)

Gregg Miller, M.D.

(Typed or printed name of signee)

FILED
2024 MAY 16 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00