

M210000003801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

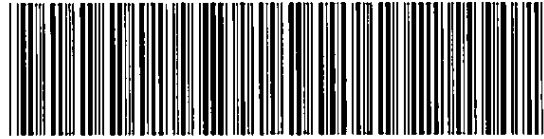
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2023 OCT 12 AM 11:15

2023 OCT 12 PM 3:32

TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195
REFERENCE :
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE :
ORDER TIME :
ORDER NO. :
CUSTOMER NO:

FOREIGN FILINGS

NAME: Healthcare Financial Services LLC

_____ 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:

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Healthcare Financial Services 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:

Gabriella Camilleri

(Name of Person)

(Firm/Company)

152 West 57th Street

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) at (_____) _____
(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

Healthcare Financial Services LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

03/30/21

(Date registered with Florida Department of State)

M21000003801

(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.

DocuSigned by:
Curtis Pollock

3B1EA40C2B25453

(Signature of authorized representative)

Healthcare Financial Services LLC - Sole Member

Curtis Pollock

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2023 OCT 12 AM 11:15

FILED

Filing Fee: \$25.00