M10000002608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

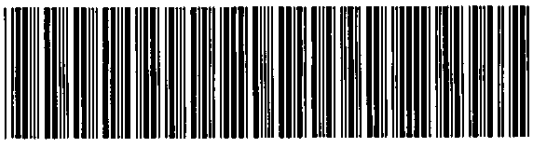
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/16--01019--019 **25.00

APR 22 2016
J. HARRIS

FILED
16 APR 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 APR 21 PM 3:02

CT

April 21, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9973709 SO
Customer Reference 1: 2007-005093
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

Target Clinic Medical Associates Florida, LLC (MN)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Target Clinic Medical Associates Florida, 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:

(Name of Person)

Target Clinic Medical Associates Florida, LLC
(Firm/Company)

1000 Nicollet Mall
(Address)

Minneapolis, MN 55403
(City, State and Zip Code)

For further information concerning this matter, please call:

Lori B. Papacek at (612) 696-6475
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Target Clinic Medical Associates Florida, LLC

(Name of limited liability company)

Minnesota

(Jurisdiction of its organization)

6/11/2010

(Date registered with Florida Department of State)

M10000002608

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

John P. Holcomb, Vice President

(Typed or printed name of signee)

FILED
16 APR 21 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00