

115 000 149 458

(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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02/07/20 -01019 -001 **25.00

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2020 FEB -7 AM 10:26
ST. LOUIS, MO
FBI

Stmnt / withdrawal

MAR 04 2020
I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRIXUS MEDICAL GROUP LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Withdrawal Statement and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Matthews

Name of Person

PRIXUS MEDICAL GROUP LLC

Firm/Company

8708 Reymont St

Address

Orlando FL 32827

City/State and Zip Code

admin@prixusmedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Santiago

407 720-3209

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

FILED
2020 FEB -7 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

WITHDRAWAL STATEMENT

Pursuant to section 605.0208, Florida Statutes, I hereby submit the following withdrawal statement withdrawing a record before it takes effect:

FIRST: The name of the limited liability company is: PRIXUS MEDICAL GROUP LLC

SECOND: The Florida Document number of the limited liability company is: LI5000149458

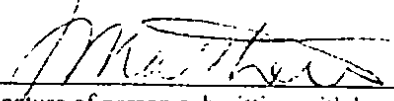
THIRD: The record to be withdrawn is: Registered Agent and Member Manager acting President

Daniel Matthews is removing himself from all duties and ownership of Prixus Medical Group LLC effective 1/15/20

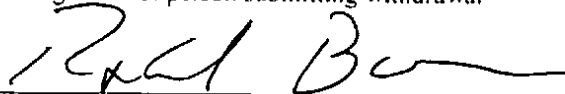
FOURTH: Please check the appropriate box

☐ This withdrawal statement is signed by all the persons who signed the record being withdrawn.
or

☒ This record is withdrawn in accordance with the agreement of all the persons who signed the record.


Signature of person submitting withdrawal

Daniel Matthews 1/15/20
Typed or printed name of signature


Signature of person submitting withdrawal

Raphael Bones
Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Signature of person submitting withdrawal

Typed or printed name of signature

Filing fee: \$25.00
Certified Copy: \$30.00 (optional)

Deborah

№ 006047

FLORIDA DEPARTMENT OF STATE

Date: 02/07/2020

RECEIVED FROM: Daniel Matthews

the sum of Twenty Five - and - 00/100 Dollars \$ 25.00

For the following: LLC withdrawal Statement

G. Blanton Baker
for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.