

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

LLC DISSOLUTION OR WITHDRAWAL

POSITRON IMAGING, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

JUL 28 2020

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2020 JUL 27 AM 10:31

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POSITRON IMAGING, 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:

JULES CHATOFF
(Name of Person)

POSITRON IMAGING, LLC
(Firm/Company)

3100 NORTH OCEAN BLVD., SUITE 702
(Address)

FT. LAUDERDALE, FL 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

Courtney L. Scanlon at (716) 848-1538
(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:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|---|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

POSITRON IMAGING, LLC

(Name of limited liability company)

NEW YORK

(Jurisdiction of its organization)

09/25/2000

(Date registered with Florida Department of State)

M00000001977

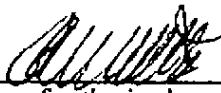
(Florida Document Number)

2020 JUL 27 PM 9:35
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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)

JULES CHATOFF, MANAGER

(Typed or printed name of signee)

Filing Fee: \$25.00