

M02000002230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

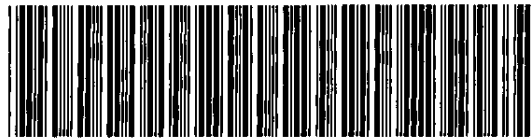
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500297554805

FILED  
17 APR -6 AM 8:45  
DEPARTMENT OF STATE

RECEIVED  
17 APR -6 PM 4:26  
DEPARTMENT OF STATE

APR 07 2017  
J. HARRIS

\*PLEASE FILE FIRST\*

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

ACCOUNT NO. : I20000000195

REFERENCE : 463440 5173143

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : January 12, 2017

ORDER TIME : 3:27 PM

ORDER NO. : 463440-085

CUSTOMER NO: 5173143

FOREIGN FILINGS

NAME: NTHRIVE SOLUTIONS, 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: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** nThrive Solutions, 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:

Daniel Mulligan

\_\_\_\_\_  
(Name of Person)

nThrive Solutions, LLC

\_\_\_\_\_  
(Firm/Company)

200 North Point Center E., Suite 600

\_\_\_\_\_  
(Address)

Alpharetta, GA 30022

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(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**

nThrive Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

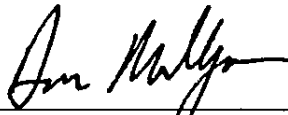
08/26/2002

(Date registered with Florida Department of State)

M02000002230

(Florida Document Number)

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



(Signature of authorized representative)

Daniel Mulligan

(Typed or printed name of signee)

**Filing Fee: \$25.00**

17 APR -6 AM 8:46

FILED  
OFFICE OF THE CLERK  
FLORIDA DEPARTMENT OF STATE