

M05 0000016752

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

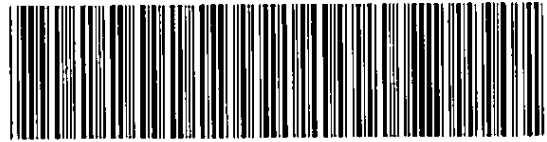
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAR 22 2023

Office Use Only



500404172685

SECRET
FULL ACCESS

2023 MAR 21 AM 9:08

RECEIVED

DB

ALL AMASSEE

2023 MAR 21 AM 9:58

RECEIVED

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 03/21/2023

Acc#120160000072

en: c DW

Name:	Biohealth LLC
Document #:	
Order #:	14846827

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

Thank you!

2023 MAR 21 PM 9:09
SECRET
INTL/INSTR 11

49

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Biohealth LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

DECEMBER 5, 2005

(Date registered with Florida Department of State)

M05000006752

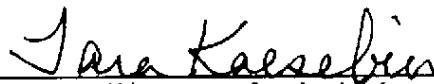
(Florida Document Number)

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

Effective Date, if other than the date of filing: N/A (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)

Tara Kaesebier, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00