

105000007093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

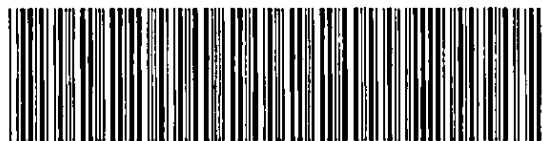
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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RECEIVED

2022 APR 21 PM 3:33

DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2022 APR 21 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FL

4/22/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 632229 8264013

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : April 21, 2022

ORDER TIME : 12:14 PM

ORDER NO. : 632229-025

CUSTOMER NO: 8264013

FOREIGN FILINGS

NAME: DAVITA RX, 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

DaVita Rx, 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:

Scott Herod, Paralegal

(Name of Person)

DaVita Inc.

(Firm/Company)

601 Hawaii Street, Attn: JLD/SecGovFin.

(Address)

El Segundo, CA 90245

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Herod

310

536-2400

at (_____)

(Name of Person)

(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

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

DaVita Rx, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/28/2005

(Date registered with Florida Department of State)

M05000007093

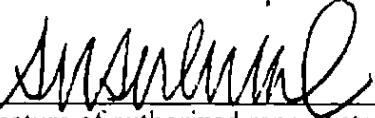
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (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)

Stephanie N. Berberich, Secretary, Total Renal Care, Inc.,
Managing Member of DaVita Rx, LLC

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2022 APR 21 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FL