

MOF000000658

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

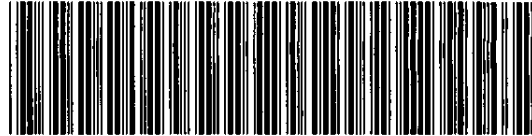
(Business Entity Name)

(Document Number)

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JUN 23 2015  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Medicalia International, 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:

Rob Livingston

(Name of Person)

Pevonia International, LLC

(Firm/Company)

300 Fentress Blvd.

(Address)

Daytona Beach, FL 32114

(City/State and Zip Code)

For further information concerning this matter, please call:

Rob Livingston

(Name of Person)

at ( 386 ) 254-1967  
(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

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Medicalia International, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

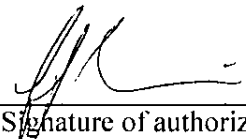
2/11/2008

(Date registered with Florida Department of State)

M08000000658

(Florida Document Number)

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

X   
(Signature of authorized representative)

SYLVIE HENNESSY  
(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00