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(Address)

(City/State/Zip/Phone #)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GE Healthcare IITS 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:

Heather Fyfe  
(Name of Person)

GE Healthcare IITS LLC

(Firm/Company)

P.O. Box 2216

(Address)

Schenectady, NY 12301-2216

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Fyfe

(Name of Person)

518

at (

433-4459

) (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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TALLAHASSEE FL 0910A

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GE Healthcare IITS LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

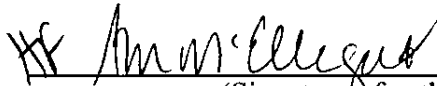
03/07/2008

(Date registered with Florida Department of State)

M08000001108

(Florida Document Number)

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



(Signature of authorized representative)

Ann-Marie McElligott

(Typed or printed name of signee)

**FILED**  
2014 DEC - 8 AM 10:58  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**