

2016 :55:58 From To: 850:176383 (44)
Division of Corporations Page 1 of 1
108000004499

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000126930 3)))



H160001269303ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing date of submission

**LLC DISSOLUTION OR WITHDRAWAL
CHANGE HEALTHCARE COMMUNICATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Attn: Michelle Milligan

2016 MAY 24 PM 12:00

RECEIVED
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED
TALLAHASSEE, FLORIDA

16 MAY 23 AM 9:26

FILED

MAY 25 2016

Y SULKER

5/24/2016 11:55:58 AM From: To: 8506176383(2/4)

850-817-8381

5/24/2016 10:50:01 AM PAGE 1/001 Fax Server



May 24, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

RE-SUBMIT

SUBJECT: CHANGE HEALTHCARE COMMUNICATIONS, LLC
REF: M08000004499

Please retain original filing
date of submission _____

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name of the limited liability company entered on the document does not match our records. The name of the limited liability company as reflected on our records is "CHANGE HEALTHCARE COMMUNICATIONS, LLC". Please correct the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

FAX Aud. #: H16000126930
Letter Number: 316A00010916

2016 MAY 24 PM 12:00

OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE HEALTHCARE COMMUNICATIONS, 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:

La Sonia Moss
(Name of Person)

Change Healthcare
(Firm/Company)

3055 Lebanon Pike, Ste 1000
(Address)

Nashville, TN 37214
(City/State and Zip Code)

For further information concerning this matter, please call:

La Sonia Moss at (615) 932-3183
(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

CHANGE HEALTHCARE COMMUNICATIONS, LLC
(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/06/2008

(Date registered with Florida Department of State)

M08000004499

(Florida Document Number)

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

La Sonia Moss

(Signature of authorized representative)

La Sonia Moss

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAY 23 AM 9:27

FILED

Filing Fee: \$25.00