

# MD80000005206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

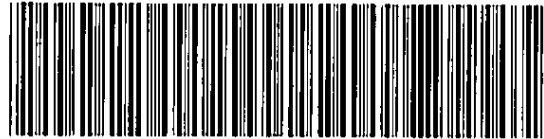
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900392584069

FILED

2022 AUG 24 AM 11:02

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2022 AUG 24 PM 3:17

CLERK OF SUPERIOR COURT

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 8/24/2022

**\*\*WALK IN\*\***

ENTITY NAME NEURALWATCH LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting:* \_\_\_\_\_

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # 120160000072

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Neural Watch 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:

Linda Lee Howard  
\_\_\_\_\_

(Name of Person)

Baker Donelson Bearman Caldwell & Berkowitz  
\_\_\_\_\_

(Firm/Company)

1600 West End Avenue, Suite 2000  
\_\_\_\_\_

(Address)

Nashville, TN 37203  
\_\_\_\_\_

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Lee Howard  
\_\_\_\_\_

(Name of Person)

615 726-7315  
at (\_\_\_\_\_) \_\_\_\_\_

(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 &    ☐ \$55 Filing Fee &    ☐ \$60 Filing Fee.

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Neural Watch LLC

(Name of limited liability company)

New Mexico

(Jurisdiction of its organization)

November 26, 2008

(Date registered with Florida Department of State)

M08000005206

(Florida Document Number)

FILED  
2022 AUG 24 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

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.

DocuSigned by:

Janine L. Gregory

ECT4EPBP00C141F

(Signature of authorized representative)

Janine L. Gregory, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00