## M08000005284

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## **COVER LETTER**

TO: S Registration Section Division of Corporations

SUBJECT: MERI	ON STAFFING LLC D/B/	A AXIS HEALTHCAF	RE STAFFING		
(Name of Foreign Limited Liability Company)					
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corn	espondence concerning this	matter to the following	:		
	(Name of Person)		-		
MERION STAFF AXIS HEALTHC					
	(Firm/Company)				
3748 WEST CHI	ESTER PIKE (Address)				
NEWTOWN SQ	JARE	9073			
	(City/State and Zip Cod				
For further informati	on concerning this matter, p	lease call:			
		at (	)		
(N	ame 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

MERION STAFFING LLC			
(Name of limited liability company)			
PENNSYLVANIA			
(Jurisdiction of its organization)			_
(Date registered with Florida Department of State)	<u> </u>		
(Date registered with Florida Department of State)		<b>Ω</b> 7	Nation right
MOY 110000 5244	美兰	פר	Î
(Florida Document Number)	02/2	20	To the real
This limited liability company is withdrawing its certificate of authority in this state	3. <u>[</u> [ ]	PH	
This limited liability company is withdrawing its certificate of authority in this state.	STATE TUBRIDA	सु है: 5 1	b . [
(Signature of authorized representative)			
Wm. G. DAVIS			
(Typed or printed name of signee)			

Filing Fee: \$25.00

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