

1/30/2017

Division of Corporations

MO900003652

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
COTIVITI SERVICES, LLC**

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

RECEIVED

2017 JAN 30 PM 3:37

CORPORATION DIVISION
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JAN 30 2017

17 JAN 30 AM 9:21

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O SIMMONS
JAN 31 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cotiviti Services, 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:

Regina Slockett

(Name of Person)

Cotiviti Services, LLC

(Firm/Company)

50 Danbury Road

(Address)

Wilton, CT

(City/State and Zip Code)

For further information concerning this matter, please call:

Regina Slockett

(Name of Person)

203

642-0727

at ()

(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

Cotiviti Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

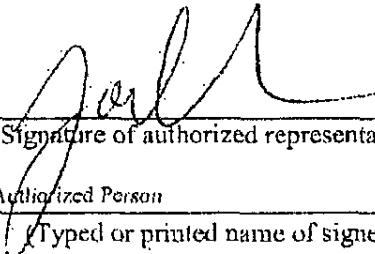
9/16/2009

(Date registered with Florida Department of State)

M09000003652

(Florida Document Number)

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


(Signature of authorized representative)

Jonathan Olefson, Authorized Person

(Typed or printed name of signee)

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CLERK OF CIRCUIT COURT

Filing Fee: \$25.00