(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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FILED

S. WARREN OCT 1 9 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 873998 8151822

AUTHORIZATION :

COST LIMIT : \$755.00

ORDER DATE: October 18, 2017

ORDER TIME : 1:28 PM

ORDER NO. : 873998-010

CUSTOMER NO: 8151822

FOREIGN FILINGS

NAME: MHI RECOVERY MANAGEMENT

SERVICES LLC

CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XXX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MHI RECOVERY MANAGEMENT SERVICES LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
10/22/2009
(Date registered with Florida Department of State)
M09000004181
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
Anthony E. Domalski (Typed or printed name of signee)

Filing Fee: \$25.00

FILLED