

M1000000 1042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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MAR 15 PM 4:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
MAR 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 16 2016

J SHIVERS

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

ACCOUNT NO. : I20000000195

REFERENCE : 062264 7717464

AUTHORIZATION

[Handwritten Signature]

COST LIMIT : \$ 25.00

ORDER DATE : March 15, 2016

ORDER TIME : 2:37 PM

ORDER NO. : 062264-005

CUSTOMER NO: 7717464

FOREIGN FILINGS

NAME: SECHANGE HEALTH LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SeeChange Health 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:

Thomas Smith

(Name of Person)

HealthMine, Inc.

(Firm/Company)

2911 Turtle Creek Boulevard, Suite 880

(Address)

Dallas, Texas 75219

(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas Smith

(Name of Person)

469
at ()

730-5320

(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

SeeChange Health LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


03/05/2010

(Date registered with Florida Department of State)

M10000001042

(Florida Document Number)

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


(Signature of authorized representative)

Thomas Smith

(Typed or printed name of signee)

FILED
16 MAR 15 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00