

M10000002094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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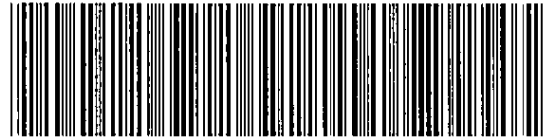
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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2022 JAN 11 AM 8:39

CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

Y. SULKER
JAN 12 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 336848 5173143

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : December 17, 2021

ORDER TIME : 2:22 PM

ORDER NO. : 336848-075

CUSTOMER NO: 5173143

FOREIGN FILINGS

NAME: HOSPITAL INPATIENT SERVICES,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX _____ 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: Eyliena Baker - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hospital Inpatient Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/07/2010

(Date registered with Florida Department of State)

M10000002094

(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: _____ (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.



(Signature of authorized representative)

Jennifer DeYoung

(Typed or printed name of signee)

Filing Fee: \$25.00

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