

M10000002094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

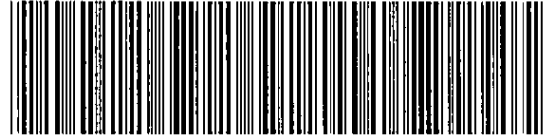
(Business Entity Name)

(Document Number)

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Y. SULKER
JAN 12 2022

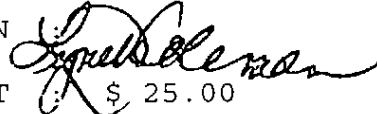
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

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
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Elyliena 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)

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TALLAHASSEE, FL

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