

M10000002143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

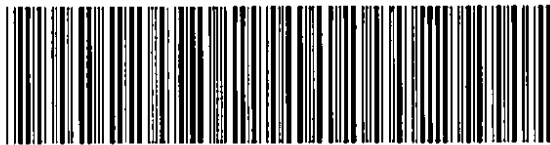
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2022 MAR 21 AM 9:22

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2022 MAR 21 AM 11:46

CLERK OF STATE
TALLAHASSEE, FL

Withdrawal

MAR 22 2022
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HighPoint Solutions, 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:

Michele Forlenza

(Name of Person)

IQVIA Inc.

(Firm/Company)

100 IMS Drive

(Address)

Parsippany, NJ 07054

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Forlenza
_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

HighPoint Solutions, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/11/2010

(Date registered with Florida Department of State)

M1000002143

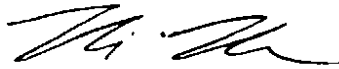
(Florida Document Number)

FILED
2022 MAR 21 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL

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

Effective Date, if other than the date of filing: 12/31/2021 (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)

Michael Knolker

(Typed or printed name of signee)

Filing Fee: \$25.00