MIDOCCCO2143

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
(Boodine in Namber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
i i

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022 MAR 21 AM 9: 23

2022 MAR 21 AM 11: 4

RECEIVED

Millodianoal

MAR 22 2022 I ALERITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 561917 8287480

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : March 18, 2022

ORDER TIME : 9:25 AM

ORDER NO. : 561917-080

CUSTOMER NO: 8287480

FOREIGN FILINGS

NAME: HIGHPOINT SOLUTIONS, 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:

COVER LETTER

TO:			Section Corporations		
CL:DIE	cT.	HighP	oint Solutions, LLC		
SUBJE	ДI;		(Name of For	eign Limited Liability	Company)
Dear Si	ir or N	dadam:			
The end	closed	d withdra	awal and fee(s) are submitte	d for filing.	
Please	returr	all corr	espondence concerning this	matter to the followin	g:
Miche	le Fo	rlenza			
			(Name of Person)		-
IQVIA	Inc.				
			(Firm Company)		_
100 IN	AS D	rive			
			(Address)		-
Parsip	pany	r. NJ 07	054		
			(City/State and Zip Cod	e)	-
For fun	ther i	nformati	on concerning this matter, p	lease call:	
Miche	le Fo	rlenza		at (
		(N	ame of Person)	(Area Code &	& Daytime Telephone Number)
	Re Dir P.O	vision of Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303
Enclos	ed is	a check	for the following amount:		
□\$25	Filin	g 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

		DZZ HAR 21
HighPoint Solutions, LLC		4
(Name of limited liability company)	2 2
Delawara		700
Delaware		<u>800</u>
-	(Jurisdiction of its organization)	ज़िल्लू कृ
05/11/2010		72 22
(Date re	gistered with Florida Department of State)	
M10000002143		
	(Florida Document Number)	
This limited liability company is	withdrawing its certificate of authority i	in this state.
Effective Date, if other than the c	date of filing: 12/31/2021	(optional)
(If an effective date is listed, the more than 90 days after filing.)	date must be specific and cannot be prio	
Note: If the date inserted in this l	block does not meet the applicable statut document's effective date on the Depart	tory filing requirements, ment of State's records.
1/4		
(S	ignature of authorized representative)	
Michael Knolker		
	(Typed or printed name of signee)	

Filing Fee: \$25.00