

#M100000004321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

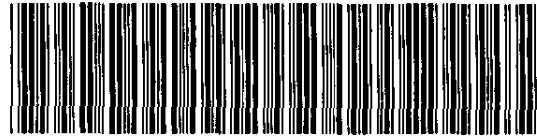
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100269831391

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS

15 MAR 23 AM 11:04

NOT ATTACHED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 MAR 23 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

MAR 24 2015

ACCOUNT NO. : I20000000195

REFERENCE : 558609 5166594

AUTHORIZATION :

COST LIMIT : \$ 55.00

ORDER DATE : March 21, 2015

ORDER TIME : 10:08 AM

ORDER NO. : 558609-005

CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: SPECTRUM DOCTORS LABORATORY,
LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Gary Sherman - EXT# 62049

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spectrum Doctors Laboratory, 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:

Gary Sherman

(Name of Person)

Corporation Service Company

(Firm/Company)

1180 Avenue of the Americas, Suite 210

(Address)

New York, NY 10036

(City/State and Zip Code)

For further information concerning this matter, please call:

Dawn M. Leahy

(Name of Person)

973

at (

520-2187

) (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

FILED
2015 MAR 23 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Spectrum Doctors Laboratory, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

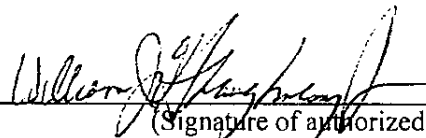
October 1, 2010

(Date registered with Florida Department of State)

M10000004321

(Florida Document Number)

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


(Signature of authorized representative)

William J. O'Shaughnessy, Jr.

(Typed or printed name of signee)

Filing Fee: \$25.00