

MI0000004838

(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



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PROCESSED
2014 APR 18 09:11:05
TO ASSASSILOSSE
SUFFICIENT OF FILING

FILED
14 APR 22 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 23 2014

T BROWN

**CORPORATE
ACCESS,
INC.**

[When you need ACCESS to the world]

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP:

4/16 GLINDA

- CERTIFIED COPY _____
- PHOTOCOPY _____
- CUS _____
- FILING LLC CANCELLATION

1. PROASSIST SURGICAL ASSOCIATES, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProAssist Surgical Associates
(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:

Hannah Allen
(Name of Person)

Parasec
(Firm/Company)

2804 Gateway Oaks Dr. #200
(Address)

Sacramento, CA 95833
(City/State and Zip Code)

For further information concerning this matter, please call:

Hannah Allen at (800) 533-7272
(Name of Person) (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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2014

CORPORATE ACCESS, INC.

TALLAHASSEE, FL

SUBJECT: PROASSIST SURGICAL ASSOCIATES, LLC
Ref. Number: M10000004838

We have received your document for PROASSIST SURGICAL ASSOCIATES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 014A00008249

FILED
14 APR 22 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

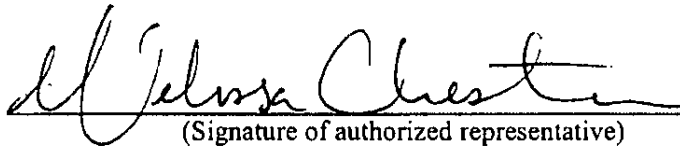
ProAssist Surgical Associates, LLC
(Name of limited liability company)

Texas
(Jurisdiction of its organization)

11-2-2010
(Date registered with Florida Department of State)

M10000004838
(Florida Document Number)

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


(Signature of authorized representative)

Melissa Chester
(Typed or printed name of signee)

Filing Fee: \$25.00