

M110000000123

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

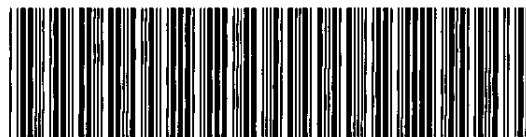
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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15 APR -8 AM 11:08

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2015 APR -8 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 09 2015  
J. HARRIS

CS

ACCOUNT NO. : I20000000195  
REFERENCE : 525396 4392992  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$25.00

ORDER DATE : March 4, 2015  
ORDER TIME : 9:03 AM  
ORDER NO. : 525396-025  
CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: LINEAR MEDICAL SOLUTIONS, 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: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Linear Medical 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:

Karen Pineda

(Name of Person)

McKesson Corporation

(Firm/Company)

One Post Street

(Address)

San Francisco, CA 94104

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Pineda

(Name of Person)

415

at (

983-8919

(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

'Linear Medical Solutions, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

1/10/2011

(Date registered with Florida Department of State)

M11000000123

(Florida Document Number)

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



(Signature of authorized representative)

Karen Pineda, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
2015 APR -8 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA