

M 1100 0000 202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

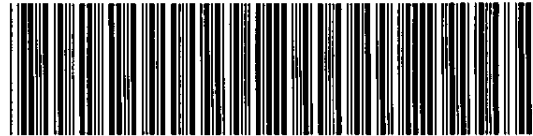
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900269843529

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATE
15 MAR -5 AM 10:58
NOT RECORDED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
15 MAR -5 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Stivers MAR 06 2015

ACCOUNT NO. : I20000000195

REFERENCE : 525396 4392992

AUTHORIZATION :

COST LIMIT : \$ 25.00

Lynette

ORDER DATE : March 4, 2015

ORDER TIME : 9:02 AM

ORDER NO. : 525396-015

CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: CLAIMONE, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XXX 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: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ClaimOne, 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

983-8919

at (

(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

ClaimOne, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

1/14/2011

(Date registered with Florida Department of State)

M11000000202

(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
15 MAR -5 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA