

M110000000 286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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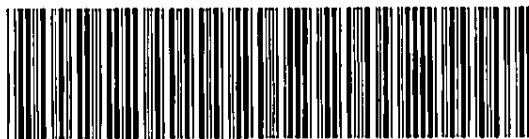
(Business Entity Name)

(Document Number)

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2020 NOV 13 PM 2:10
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

SULKEP
NOV 16 2020

2020 NOV 13 AM 10:22
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 508127 4350891

AUTHORIZATION : 

COST LIMIT : \$25.00

ORDER DATE : November 12, 2020

ORDER TIME : 11:33 AM

ORDER NO. : 508127-005

CUSTOMER NO: 4350891

FOREIGN FILINGS

NAME: AEDON HOMECARE, 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: Amanda Robinson - EXT# 62968

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AEDON Homecare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/30/2002

(Date registered with Florida Department of State)

M11000000286

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Holly Rasmussen-Jones

(Typed or printed name of signee)

Filing Fee: \$25.00