

M11000000937

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

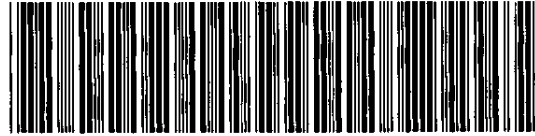
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FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 06-29-2012

NAME: UMS LITHROTRIPSY SERVICES OF MIAMI-DADE COUNTY LLC

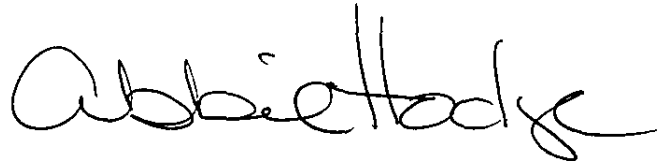
TYPE OF FILING: WITHDRAWAL

COST: \$30

RETURN: CERTIFICATE OF STATUS

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UMS Lithotripsy Services of Miami-Dade County, 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:

Glenn Hetu

(Name of Person)

United Medical Systems, Inc.

(Firm/Company)

1500 West Park Drive, Suite 390

(Address)

Westborough MA 01581

(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Hetu

(Name of Person)

at (800) 516-9425

(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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

UMS Lithotripsy Services of Miami-Dade County, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

M11000000937
(Florida Document Number)

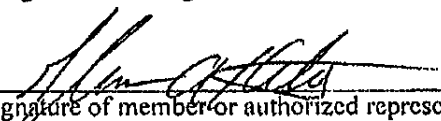
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

1500 West Park Drive, Suite 390
(Mailing address)

Westborough MA 01581
(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Glenn Hetu
(Typed or printed name of signee)

FILED
12 JUN 29 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00