

MILDOOD 2559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE FLORIDA

MAR 27 2014
D. E. PRICE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Novia CareClinics, 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:

Amy McNallie

(Name of Person)

Quad/Graphics, Inc.

(Firm/Company)

N61 W23044 Harry's Way

(Address)

Sussex, WI 53089

(City/State and Zip Code)

For further information concerning this matter, please call:

Amy McNallie

(Name of Person)

414

at (

566-2011

) (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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Novia CareClinics, LLC

(Name of limited liability company)

Indiana

(Jurisdiction of its organization)

05/18/2011

(Date registered with Florida Department of State)

M11000002559

(Florida Document Number)

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



(Signature of authorized representative)

Kelly A. Vanderboom, Treasurer of Member

(Typed or printed name of signee)

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TALLAHASSEE FLORIDA

Filing Fee: \$25.00