

411000003659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

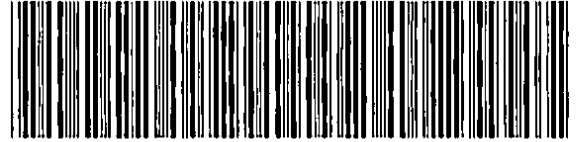
(Business Entity Name)

(Document Number)

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

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APPROVED  
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2019 APR 24 AM 9:08  
RECEIVED  
19 APR 24 PM 4:11  
TAXPAYER SERVICE DIVISION

T.G.  
04/25/19

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

ACCOUNT NO. : I20000000195  
REFERENCE : 739388 4392992  
AUTHORIZATION *Lydia Cohen*  
COST LIMIT : \$ 25.00

ORDER DATE : April 24, 2019

ORDER TIME : 3:52 PM

ORDER NO. : 739388-005

CUSTOMER NO: 4392992

FOREIGN FILINGS

NAME: VANTAGE ONCOLOGY TREATMENT  
CENTERS - CNERAL FLORIDA, 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: Lydia Cohen - EXT# 62974

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

APPROVED  
AND  
FILED  
2019 APR 24 AM 9:08  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Vantage Oncology Treatment Centers - Central Florida, 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

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AND  
FILED  
2019 APR 24 AM 9:08  
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

(Name of Person)

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

Vantage Oncology Treatment Centers - Central Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/20/2011

(Date registered with Florida Department of State)

M11000003659

(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)

Melissa Wu

(Typed or printed name of signee)

APPROVED  
AND  
FILED  
2019 APR 24 AM 9:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**