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SECRETARY OF STATE  
DIVISION OF CORPORATION  
15 MAY 11 PM 2:50  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SAGENT HEALTHSTAFF, 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 Hammond

(Name of Person)

Sagent Healthstaff, LLC

(Firm/Company)

17 Rachel Road

(Address)

Reading, MA 01867

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen Hammond

(Name of Person)

at ( 781 ) 419-0718  
(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

SAGENT HEALTHSTAFF, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

unknown

(Date registered with Florida Department of State)

M11000005570

(Florida Document Number)

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

  
(Signature of authorized representative)

G. Drew Conway, Owner

(Typed or printed name of signee)

**Filing Fee: \$25.00**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 MAY 11 PM 2:50  
TALLAHASSEE, FLORIDA