

1110000006203

(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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DEPARTMENT OF STATE
15 MAR 16 PM 4:31

FILED
15 MAR 16 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2015

T. HAMPTON

ACCOUNT NO. : I20000000195

REFERENCE : 549113 7732109

AUTHORIZATION :

COST LIMIT : \$ 30.00

ORDER DATE : March 16, 2015

ORDER TIME : 3:03 PM

ORDER NO. : 549113-030

CUSTOMER NO: 7732109

FOREIGN FILINGS

NAME: UNIVITA CARE MANAGEMENT
SERVICES LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Univita Care Management Services 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:

Lori A. Jackson

(Name of Person)

Univita Health Inc.

(Firm/Company)

20 Tremont St., Suite 16

(Address)

Duxbury, MA 02332

(City/State and Zip Code)

For further information concerning this matter, please call:

Lori A. Jackson

(Name of Person)

754

at (

777-5323

) (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

Univita Care Management Services LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

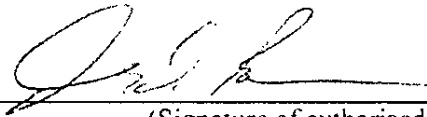
12/13/2011

(Date registered with Florida Department of State)

M11000006203

(Florida Document Number)

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



(Signature of authorized representative)

Douglas. D. Byrd

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
15 MAR 16 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA