

M12 0000000087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

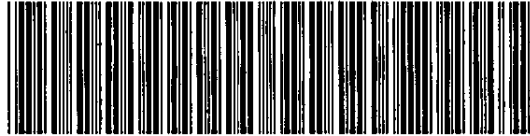
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
16 MAY -9 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2016
J SHIVERS



KONICA MINOLTA

May 2, 2016

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: 20/20 Healthcare LLC – Withdrawal and cancellation Certificate of Authority of a Limited Liability Company in the State of Florida

To Whom It May Concern:

Enclosed please find the Cover Letter, signed notice of Withdrawal of Certificate of Authority and requested check in the amount of \$60.00 for the filing fee to withdraw 20/20 Healthcare LLC as limited liability Company in the State of Florida.

Please provide a certified copy and certificate of status to the attention of Mary Sutton, Sr. Sales Support/Contract Specialist for Konica Minolta Medical Imaging USA, Inc. at the address below.

Regards,

Mary Sutton
Sr. Sales Support/Contract specialist
Konica Minolta Medical Imaging USA, Inc.
411 Newark Pompton Turnpike
Wayne, NJ 07470
Phone: 800-934-1034 x 1347
Email: mary.sutton@konicaminolta.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 20/20 HEALTHCARE 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:

BRIAN J. CUPKA

(Name of Person)

KONICA MINOLTA MEDICAL IMAGING U.S.A., INC.

(Firm/Company)

411 NEWARK POMPTON TURNPIKE

(Address)

WAYNE, NJ 07470

(City/State and Zip Code)

For further information concerning this matter, please call:

BRIAN J. CUPKA

(Name of Person)

at 201 236-3704

(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:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input checked="" type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|---|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

20/20 HEALTHCARE LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

01/04/2012

(Date registered with Florida Department of State)

M12000000087

(Florida Document Number)

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

Brian J. Cupka

(Signature of authorized representative)

BRIAN J. CUPKA

(Typed or printed name of signee)

FILED
16 MAY -9 AM 7:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00