

MI200000741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700312030227

04/19/18--01010--007 **43.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 APR 30 P 12:29

FILED

5/6/18 QS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 20, 2018

BRIAN PAPE
8401 NEW TRAILS DR, SUITE 100
THE WOODLANDS, TX 77381

SUBJECT: AXIOM PROFESSIONALS LLC
Ref. Number: M12000000741

We have received your document for AXIOM PROFESSIONALS LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN CORP, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

Letter Number: 118A00008046

2018 APR 30 P 12:29
TALLAHASSEE, FLORIDA

FILED

RECEIVED

2018 APR 30 PM 2:33

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Axiom Professionals 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:

Erin Lucke

(Name of Person)

Axiom Medical Consulting, LLC

(Firm/Company)

8401 New Trails Drive, #100

(Address)

The Woodlands, TX 77381

(City/State and Zip Code)

For further information concerning this matter, please call:

Erin Lucke

(Name of Person)

at (_____) 713 331-3846
(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

FILED
2018 APR 30 PM 12:29
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Axiom Professionals LLC

(Name of limited liability company)

Texas

(Jurisdiction of its organization)

2/7/2012

(Date registered with Florida Department of State)

M12000000741

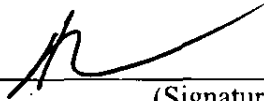
(Florida Document Number)

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)

Brian Pape

(Typed or printed name of signee)

FILED
2010 APR 30 PM 12:29
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00