

M12000000 771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF COURT
JANUARY 2021

O SIMMONS

FEB 05 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2020

KRISTOPHER MASILAMANI
12400 HIGH BLUFF DR
SAN DIEGO, CA 92130

SUBJECT: AMN SERVICES, LLC
Ref. Number: M12000000771

We have received your document for AMN SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Terri J Schroeder
Regulatory Specialist III

Letter Number: 020A00024173

COVER LETTER

TO: Registration Section
Division of Corporations

AMN SERVICES, LLC

SUBJECT: _____
(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:

Kristopher Masilamani

(Name of Person)

AMN Healthcare Services, Inc.

(Firm/Company)

12400 High Bluff Drive

(Address)

San Diego, CA 92130

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristopher Masilamani

at (866)

863-2877

(Name of Person)

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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
2021 FEB -2 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AMN SERVICES, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

2/7/2012

(Date registered with Florida Department of State)

M120000000771

(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.

DocuSigned by:

Todd Champeau

21F08437548244F

(Signature of authorized representative)

Todd Champeau, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00