

m1200003492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

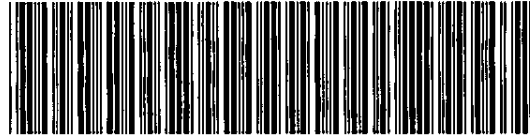
(Business Entity Name)

(Document Number)

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APR 20 2015

R. WHITE

15 MAR 31 PM 3:15
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMMERGE HEALTH 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:

JOHN RIPLEY

(Name of Person)

IMMERGE, LLC

(Firm/Company)

5600 S QUEBEC ST, STE. B300

(Address)

GREENWOOD VILLAGE, CO 80111

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN RIPLEY

(Name of Person)

720

at ()

446-5503

(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

15 MAR 31 PM 3:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IMMERGE HEALTH LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

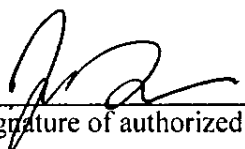
JUNE 20, 2012

(Date registered with Florida Department of State)

M12000003492

(Florida Document Number)

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


(Signature of authorized representative)

JASON GROSS

(Typed or printed name of signee)

Filing Fee: \$25.00