

M120000006965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

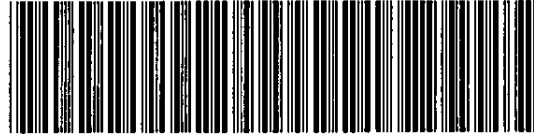
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
15 SEP 21 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2015
J. HARRIS

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive
Tallahassee, Florida 32312

(850) 656-4724

SUNSHINECORPORATE2014@GMAIL.COM

Date: 9-21-16

ENTITY NAME:

ProNerve Physicians (IN), LLC

****PLEASE FILE THE ATTACHED AND RETURN:****

Plain Copy

Certified Copy

Certified Copy
Cert of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY:****

Document Number: _____

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE/NOTARIAL CERTIFICATION:****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL AMOUNT OWED: 10⁰⁰

CHECK NUMBER: 2874

PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATION ON THIS MATTER.

Thank you!

Tina Goff, President

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProNerve Physicians (IN), 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:

Betty Cheers

(Name of Person)

SpecialtyCare, Inc.

(Firm/Company)

3100 West End Ave., Ste. 800

(Address)

Nashville, TN 37203

(City/State and Zip Code)

For further information concerning this matter, please call:

Betty Cheers

(Name of Person)

615

at ()

345-5551

(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

ProNerve Physicians (IN), LLC

(Name of limited liability company)

Indiana

(Jurisdiction of its organization)

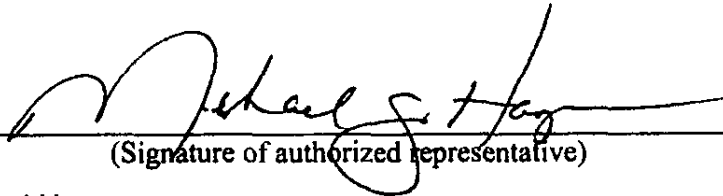
12/13/2012

(Date registered with Florida Department of State)

M12000006965

(Florida Document Number)

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



(Signature of authorized representative)

Michael Harper

(Typed or printed name of signee)

Filing Fee: \$25.00

SEP 21 AM 8:19
STATE
OFFICE OF THE
CLERK OF THE
SUPREME COURT
TALLAHASSEE, FLORIDA