

MI3000000 135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

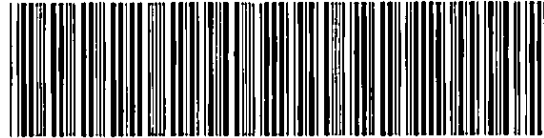
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED
DEPARTMENT OF STATE
18 FEB -5 AM 10:57
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FEB 06 2013
J. HARRIS



COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: 2/5/2018

Account#: I20000000088

Name: Merritt Knickle

Reference #: A428123

Entity Name: FITCH HEALTHCARE CONSULTING, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25

Signature: MMK

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40 ST, 10 FL
NY, NY 10016
800.221.0102
+1.212.947.7200

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES
REGISTRY NO: 072
6 BEVIS MARKS, 1 FL
LONDON EC3A 7BA
+44 (0)20.3786.1090

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
INFINITUS PLAZA, 17 FL
199 DES VOEUX RD CENTRAL
HONG KONG
+852.3975.1803



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FITCH HEALTHCARE CONSULTING, 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:

Vicki Schlierer

(Name of Person)

COGENCY GLOBAL, INC.

(Firm/Company)

194 Washington Ave

(Address)

Albany NY 12210

(City/State and Zip Code)

For further information concerning this matter, please call:

Vicki Schlierer

(Name of Person)

518

213-0886

at (

_____) _____
(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

FITCH HEALTHCARE CONSULTING, LLC

(Name of limited liability company)

Illinois

(Jurisdiction of its organization)

1/7/2013

(Date registered with Florida Department of State)

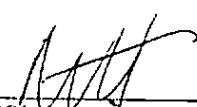
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(Florida Document Number)

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

Effective Date, if other than the date of filing: 2/4/18 (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)

Duane J. Fitch
(Typed or printed name of signee)

Filing Fee: \$25.00