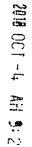
## M13000001336

(D-	Abada Nasas	
(RE	equestor's Name)	
(Ac	ldress)	•
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(A)	101633)	
(Ci	ty/State/Zip/Phone #)	·
PICK-UP	WAIT	MAIL
(Bı	isiness Entity Name)	
(Do	ocument Number)	<del>.</del>
Certified Copies	Contificates of	Chatue
Certified Copies	_ Certificates of	Jtatus
Special Instructions to	Filing Officer	
'	3	

Office Use Only



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OCT 07 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 944319 7976611

AUTHORIZATION : Simula &

COST LIMIT : Š ŽS.00

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ORDER DATE : October 3, 2019

ORDER TIME : 3:07 PM

ORDER NO. : 944319-010

CUSTOMER NO: 7976611

## FOREIGN FILINGS

NAME: CONNECTEDHEALTH, LLC

CORPORATE
LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

## **COVER LETTER**

		Section Corporations		
SUBJECT:	Connec	tedHealth, LLC		
		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	Madam:			
The enclosed	i withdra	wal and fee(s) are submitte	d for filing.	
Please return	all com	espondence concerning this	matter to the following	g:
Bryan Woo	ds			
······································		(Name of Person)		_
ConnectedF	lealth, L	LC		
		(Firm/Company)		_
311 S Wack	er Dr. St	e 2300		
		(Address)	-	<del>-</del>
Chicago, IL	60606-6	675		
	•	(City/State and Zip Cod	(e)	-
For further in	nformatio	on concerning this matter, p	lease call:	
Bryan Wood	ds		262 at (	432-8260
	(Na	ime of Person)		E Daytime Telephone Number)
Reg Divi Cliff 266	istration ision of ton Buil 1 Execu	OURIER ADDRESS: Section Corporations ding tive Center Circle Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a	a check	for the following amount:		
□ \$25 Filing	; F <b>ee</b>	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CONNECTEDHEALTH, LLC	3
(Name of limited liability company)	7
Delaware	** 3.5° <u> </u>
(Jurisdiction of its organization)	
03/01/2013	
(Date registered with Florida Department of State)	6
M13000001336	N.
(Florida Document Number)	1
This limited liability company is withdrawing its certificate of authority in this star	te.
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of more than 90 days after filing.)	(optional) of filing or
Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of S	requirements, state's records.
BWad	
(Signature of authorized representative)	-
BRYAN WOODS	_
(Typed or printed name of signee)	

Filing Fee: \$25.00