

MI3000001336

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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19 OCT -4 PM 3:53

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MICHIGAN DEPT. OF TREASURY
RECEIVED

OCT 07 2019

M. SOLOMON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 944319 7976611
AUTHORIZATION : 
COST LIMIT : \$ 25.00

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
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ConnectedHealth, 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:

Bryan Woods

(Name of Person)

ConnectedHealth, LLC

(Firm/Company)

311 S Wacker Dr Ste 2300

(Address)

Chicago, IL 60606-6675

(City/State and Zip Code)

For further information concerning this matter, please call:

Bryan Woods

(Name of Person)

262

432-8260

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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CONNECTEDHEALTH, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/01/2013

(Date registered with Florida Department of State)

M13000001336

(Florida Document Number)

2019 OCT -4 AM 9:22

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.



(Signature of authorized representative)

BRYAN WOODS

(Typed or printed name of signee)

Filing Fee: \$25.00