

2/4/2015 14:51:28 From: To: 8506175383

Division of Corporations

MB000003420

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL  
BRAVO HEALTH, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

15 FEB -4 AM 10:00

FLORIDA DEPARTMENT OF STATE  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 FEB -4 AM 7:50

FILED

FEB - 5 2015

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bravo 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:

Shawn Spain

(Name of Person)

Cigna Corporation

(Firm/Company)

1601 Chestnut Street

(Address)

Philadelphia, PA 19192

(City/State and Zip Code)

For further information concerning this matter, please call:

Shawn Spain

(Name of Person)

215

761-2507

at

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Cotton 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

Bravo Health, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


May 30, 2013

(Date registered with Florida Department of State)

M13000003420

(Florida Document Number)

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



(Signature of authorized representative)

Robert Dawson

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
15 FEB -4 AM 7:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA