H3000003949

(Re	equestor's Name)	<u></u>
(Address)		
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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2022 APR 26 AH 9: 34
SECRETARY OF STATE
TALLAHASSEE, TLOGHIS

RECEIVED

DIVISION OF LORPORATIONS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 639618 109186B

Squire

AUTHORIZATION

COST LIMIT : (\$25,.00

ORDER DATE : April 26, 2022

ORDER TIME : 1:57 PM

ORDER NO. : 639618-005

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: LAKE WALES IMAGING CENTER,

LLC

CORPORATE
LIMITED PARTNERSHIP
XXX 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: Eyliena Baker - EXT#

EXAMINER:

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lake Wales Imaging Center, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
June 20, 2013
(Date registered with Florida Department of State)
M13000003949
(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: [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.) [Interest of the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative) Christopher G. Cobb, Vice President & Secretary (Typed or printed name of signee)

Filing Fee: \$25.00