

4/20/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M13000005304

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((H21000158501 3)))



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

From: Account Name : SHUFFIELD LOWMAN
Account Number : I20030000118
Phone : (407)581-9800
Fax Number : (407)581-9801

LLC DISSOLUTION OR WITHDRAWAL
MULTI CLAIMANT SOLUTIONS LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

2021 APR 20 AM 10:19

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APR 21 2021

M. SOLOMON

Electronic Filing Menu

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MULTI CLAIMANT SOLUTIONS LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

AUGUST 21, 2013

(Date registered with Florida Department of State)

M13000005304

(Florida Document Number)

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FILED

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)

Jason Lazarus as President

(Typed or printed name of signer)

Filing Fee: \$25.00

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