

113 00000 5495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

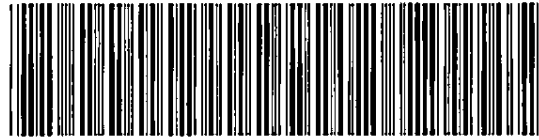
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300441407023

FILED  
2024 DEC 26 PM 3:50  
2024 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 859584 4300506

AUTHORIZATION :

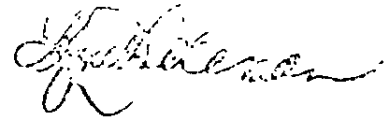
COST LIMIT : \$ 25.00

ORDER DATE : December 24, 2024

ORDER TIME : 2:40 PM

ORDER NO. : 859584-005

CUSTOMER NO: 4300506



FOREIGN FILINGS

NAME: BLUESPARK HEALTHCARE  
COMMUNICATIONS 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: Amanda Miller - EXT#

EXAMINER: \_\_\_\_\_

2024 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BLUESPARK HEALTHCARE COMMUNICATIONS 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:

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

FILED  
2024 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Enclosed is a check for the following amount:

- |                   |  |                                       |   |
|-------------------|--|---------------------------------------|---|
| · \$25 Filing Fee | · \$30 Filing Fee &<br>Certificate of Status | · \$55 Filing Fee &<br>Certified Copy | · \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|-------------------|--|---------------------------------------|---|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BLUESPARK HEALTHCARE COMMUNICATIONS LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/30/2013

(Date registered with Florida Department of State)

M13000005495

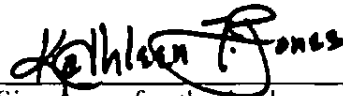
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (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)

Kathleen M. Jones

(Typed or printed name of signee)

FILED  
2021 DEC 26 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00

CSCSC 859584

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at (\_\_\_\_\_) \_\_\_\_\_  
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|-------------------|--|---------------------------------------|---|