

M300006712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

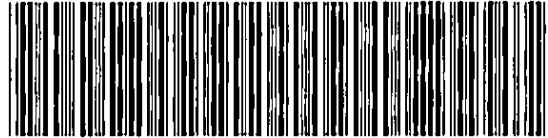
(Business Entity Name)

(Document Number)

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2010 APR -5 A 11:32

TALLAHASSEE, FLORIDA

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2010 APR -5 AM 10:43

TALLAHASSEE, FLORIDA

11/6/08 DS

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

ACCOUNT NO. : I20000000195

REFERENCE : 147357 7953357

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : April 4, 2018

ORDER TIME : 9:52 AM

ORDER NO. : 147357-025

CUSTOMER NO: 7953357

FOREIGN FILINGS

NAME: CHRISTIE STUDENT HEALTH PLANS
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#

EXAMINER: _____

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TALLAHASSEE, FL 32301

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Christie Student Health Plans LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

10/21/2013

(Date registered with Florida Department of State)

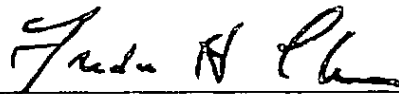
M13000006772

(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)



(Typed or printed name of signee)

CLERK OF THE
SOLICITOR GENERAL
FLORIDA

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