

M140000000192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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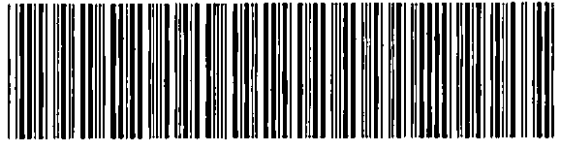
(Business Entity Name)

(Document Number)

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2019 APR - 1 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
2/1/2/19

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

ACCOUNT NO. : I20000000195
REFERENCE : 701683 7506499
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : March 27, 2019
ORDER TIME : 9:30 AM
ORDER NO. : 701683-030
CUSTOMER NO: 7506499

FOREIGN FILINGS

NAME: SAFE SEDATION MANAGEMENT LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

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SECRETARY OF STATE
TALLAHASSEE, FL 32301
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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: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Safe Sedation Management LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

01/10/2014

(Date registered with Florida Department of State)

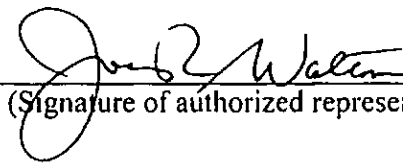
M14000000192

(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)

John Walton

(Typed or printed name of signee)

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Filing Fee: \$25.00