

M14000004260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

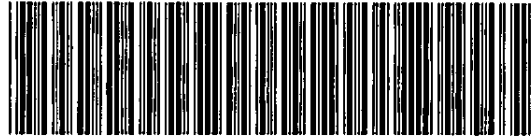
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 05 2015

S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Plan Management, 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:

Patricia R. Fitzgerald

(Name of Person)

(Firm/Company)

7314 Isle Drive

(Address)

Port Richey, FL 34668

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Patricia R. Fitzgerald

(Name of Person)

at (727) 385-4046
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Medical Plan Management, LLC

(Name of limited liability company)

Nevada

(Jurisdiction of its organization)

June 17, 2014

(Date registered with Florida Department of State)

M14000004260

(Florida Document Number)

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

By:  , authorized representative
(Signature of authorized representative)

Chelsea Block

(Typed or printed name of signee)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00