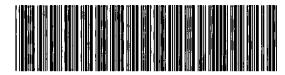
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COVER LETTER

TO:		istration sion of (Section Corporations		
SUBJE	СТ•	HIPA	A Privacy Compliand	ce Associates, LL	С
SOBOL	· · ·		(Name of Fo	reign Limited Liability	Company)
Dear Si	r or M	fadam:			
The enc	losed	withdra	wal and fee(s) are submitte	ed for filing.	
Please r	eturn	all corre	espondence concerning this	s matter to the followin	g:
Micha	ael A	. Scot	t, Esq.		
			(Name of Person)		_
The D	orce	ey Lav	/ Firm, PLC		
			(Firm/Company)	. , ,,,	-
10181	1 Six	Mile	Cypress Parkway, S	uite C	
			(Address)		_
Fort M	/lyer	s, FL 3	33966		
			(City/State and Zip Coo	de)	_
For furth	her in	formatic	n concerning this matter, p	olease call:	
Michael A. Scott, Esq.		t, Esq.	239 at (418-0169	
_		(Na	me of Person)	(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			
Enclose 2 \$25 F			or the following amount:	□ \$55 Filing Fee &	□ \$60 Filing Fee,
			Certificate of Status	Certified Copy	Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HIPAA Privacy Compliance Associates, LLC
(Name of limited liability company)
Wyoming
(Jurisdiction of its organization)
11/12/2014
(Date registered with Florida Department of State)
M1400008253
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Gregory V. Kerr
(Typed or printed name of signee)

Filing Fee: \$25.00