

M14000009042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

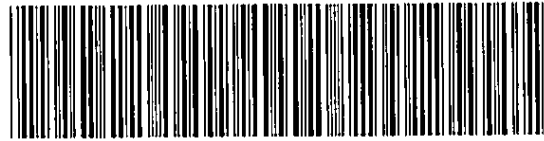
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 16 2019



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/15/2019

Name: Chris Vick

Reference #: 1082301

Entity Name: SAFE PASSAGE MANAGEMENT, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☐ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☒ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☒ Other CERTIFIED COPY UPON FILING

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TALLAHASSEE, FL
CLERK OF SUPERIOR COURT

Authorized Amount: \$55

Signature: [Signature]

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safe Passage 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:

Michelle Funn

(Name of Person)

NuVasive Clinical Services

(Firm/Company)

10275 Little Patuxent Parkway, Suite 300

(Address)

Columbia, MD 21044

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Funn

(Name of Person)

443 393 8831
at (_____) _____
(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

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Safe Passage Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/17/14

(Date registered with Florida Department of State)

M14000009042


(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)

Janine Gregory

(Typed or printed name of signee)

Filing Fee: \$25.00

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AND
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