

MI3000000497

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

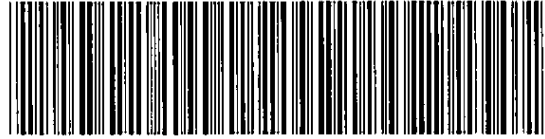
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

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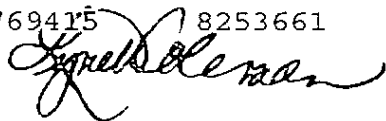
100365472051

2021 MAY -3 AM 8:32
FILED
CLERK OF STATE
TALLAHASSEE, FL

NOTIFIED
2021 MAY -3 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FL

MAILED
MAY 04 2021

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

ACCOUNT NO. : I20000000195
REFERENCE : 769415 8253661
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : April 19, 2021
ORDER TIME : 10:37 AM
ORDER NO. : 769415-290
CUSTOMER NO: 8253661

FOREIGN FILINGS

NAME: MYTHERAPYCOMPANY 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: Alexxis Weiland - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MyTherapyCompany LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/20/2015

(Date registered with Florida Department of State)

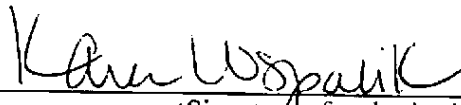
M15000000497

(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)

Karen Ospalik

(Typed or printed name of signee)

2021-03-AM 8:32
DEPT OF STATE
TALLAHASSEE, FL
EED

Filing Fee: \$25.00