

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

ACCOUNT NO. : I20000000195

REFERENCE : 100432 5123330

AUTHORIZATION

COST LIMIT

[Handwritten Signature]
\$ 25.00

ORDER DATE : December 13, 2019

ORDER TIME : 10:38 AM

ORDER NO. : 100432-185

CUSTOMER NO: 5123330

FOREIGN FILINGS

NAME: VIVRE HEALTH, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Vivre Health, 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:

JOAN CONRO

(Name of Person)

Cox Enterprises, Inc., Attn: Legal Department

(Firm/Company)

6205-A Peachtree Dunwoody Road

(Address)

Atlanta, GA 30328

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Williamson _____ at (678) 645-0841
(Name 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

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

Vivre Health LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/20/2015

(Date registered with Florida Department of State)

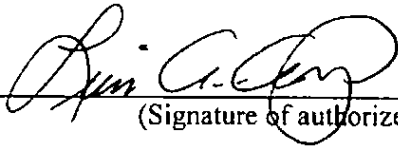
M1500000502

(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)

Luis A. Avila

(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 19 A @ 37

FILED

Filing Fee: \$25.00