

MS 00000723

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

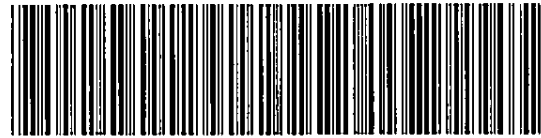
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200441407032

FILED
2024 DEC 26 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 859584 4300506

AUTHORIZATION :

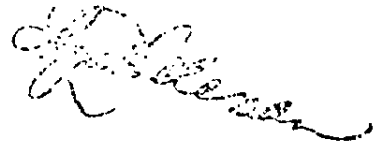
COST LIMIT : \$ 25.00

ORDER DATE : December 24, 2024

ORDER TIME : 2:39 PM

ORDER NO. : 859584-040

CUSTOMER NO: 4300506



FOREIGN FILINGS

NAME: HEALTH SCIENCE COMMUNICATIONS
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: Amanda Miller - EXT#

EXAMINER: _____

FILED
2024 DEC 26 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HEALTH SCIENCE COMMUNICATIONS LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M15000002183

(Date registered with Florida Department of State)

03/24/2015

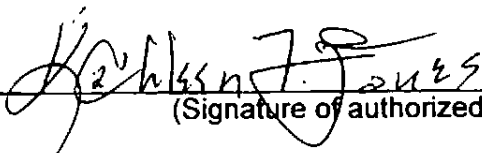
(Florida Document Number)

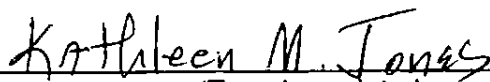
This limited liability company is withdrawing its certificate of authority in this state.

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)


(Typed or printed name of signee)

FILED
2024 DEC 26 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00

CSC 859584