

115000005889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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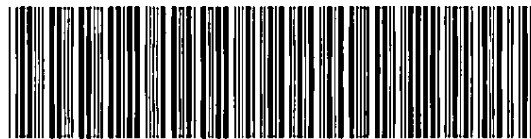
(Business Entity Name)

(Document Number)

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MAY 03 2021

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

ACCOUNT NO. : I20000000195

REFERENCE : 746187 7765516

AUTHORIZATION



COST LIMIT : \$25.00

ORDER DATE : April 6, 2021

ORDER TIME : 8:19 AM

ORDER NO. : 746187-160

CUSTOMER NO: 7765516

FOREIGN FILINGS

NAME: ONWARD HEALTHCARE, 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: Alexxis Weiland - EXT#

EXAMINER: _____

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Onward Healthcare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/23/2015

(Date registered with Florida Department of State)

M15000005889

(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.

DocuSigned by:
Todd Champeau

21F08477548244E

(Signature of authorized representative)

Todd Champeau

(Typed or printed name of signee)

Filing Fee: \$25.00