

M15000007577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

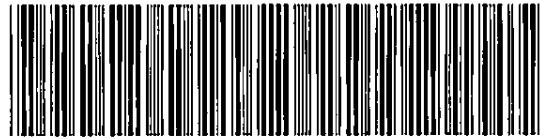
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA


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18 FEB -7 PM 4:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
FEB 8 2018

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

ACCOUNT NO. : I20000000195
REFERENCE : 061999 7980633
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : February 7, 2018
ORDER TIME : 2:08 PM
ORDER NO. : 061999-005
CUSTOMER NO: 7980633

FOREIGN FILINGS

NAME: AVALON PATIENT BILLING, 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: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avalon Patient Billing, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rachel Rusch, CHC

(Name of Person)

Avalon Health Services, LLC

(Firm/Company)

3405 W. Dr. Martin Luther King Jr. Blvd., Suite 200

(Address)

Tampa, FL 33607

(City/State and Zip Code)

For further information concerning this matter, please call:

Rachel Rusch, CHC

813

751-3845

at (

(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Avalon Patient Billing, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 10, 2015

(Date registered with Florida Department of State)

M15000007577

(Florida Document Number)

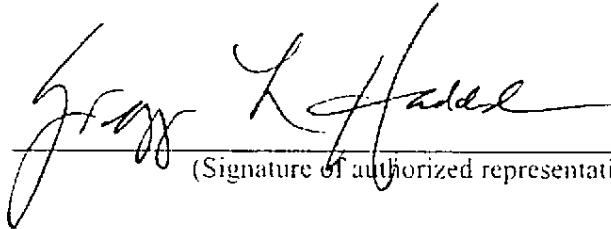
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18 FEB -7 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: 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)

Gregg L. Haddad

(Typed or printed name of signee)

Filing Fee: \$25.00