

# M15000009400

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

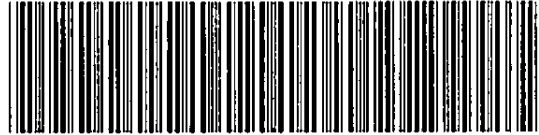
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

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2023 APR 21 PM 12:19

2023 APR 21 PM 4:57

CLERK OF STATE  
TALLAHASSEE, FL

CLERK OF STATE  
TALLAHASSEE, FLORIDA



115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
P: 866.625.0838  
F: 866.625.0839  
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 04/21/2023

Name: Greg Pintacuda

Reference #: 1941911

Entity Name: TRUST HEALTHCARE CONSULTING SERVICES, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: 

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TRUST HEALTHCARE CONSULTING SERVICES, LLC

(Name of limited liability company)

Missouri

(Jurisdiction of its organization)

11/20/2015

(Date registered with Florida Department of State)

M15000009400

(Florida Document Number)

FILED  
NOV 21 PM 12:19  
STATE  
FL

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:

Scott Tudor

(Signature of authorized representative)

SCOTT TUDOR, CFO

(Typed or printed name of signee)

Filing Fee: \$25.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUST HEALTHCARE CONSULTING SERVICES, 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:

CINDY BECKER

(Name of Person)

CORROHEALTH, INC.

(Firm/Company)

6509 WINDCREST DRIVE, SUITE 165

(Address)

PLANO, TX 75024

(City/State and Zip Code)

For further information concerning this matter, please call:

CINDY BECKER

(Name of Person)

at ( 484 ) 443-3848  
(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