

115000009134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

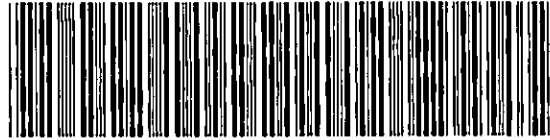
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300362009693

2021 MAR 18 AM 8:29

2021 MAR 18 PM 12:29

FLORIDA

O SIMMONS

MAR 19 2021

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 3/18/2021

PRIORITY Regular Approval

OUR REF.# (Order ID#) 901883

ORDER ENTITY
PHYSICIAN TECHNOLOGIES, L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:
PHYSICIAN TECHNOLOGIES, L.L.C. (FL)

File the attached withdrawal document

NOTES:
\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be "MM", written over the "Sincerely," text.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

2021 MAR 18 AM 8:29

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Physician Technologies, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/04/2015

(Date registered with Florida Department of State)

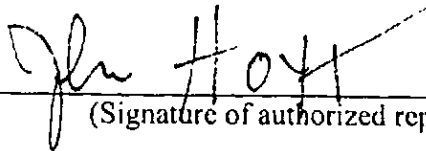
M15000009734

(Florida Document Number)

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

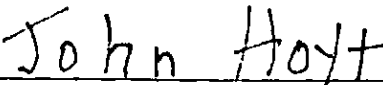
Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

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)

John W. Hoyt, Member



(Typed or printed name of signee)

Filing Fee: \$25.00