

MI600000372

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 24 AM 8:39

JAN 25 2017
S. YOUNG

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 24 AM 11:33
Sufficiency of Filings

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

ACCOUNT NO. : I20000000195

REFERENCE : 475957 7446445

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 23, 2017

ORDER TIME : 8:48 AM

ORDER NO. : 475957-055

CUSTOMER NO: 7446445

FOREIGN FILINGS

NAME: MOLINA DENTAL & VISION
SERVICES, 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: Courtney Williams - EXT# 62935

EXAMINER: _____

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17 JAN 24 AM 8:39

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Molina Dental & Vision 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:

Greg Pappas

(Name of Person)

Molina Healthcare, Inc.

(Firm/Company)

300 University Avenue, Suite 100

(Address)

Sacramento, CA 95825

(City/State and Zip Code)

For further information concerning this matter, please call:

Greg Pappas

(Name of Person)

at (916) 646-9193
(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

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TALLAHASSEE, FLORIDA
17 JAN 24 AM 8:39

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Molina Dental & Vision Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

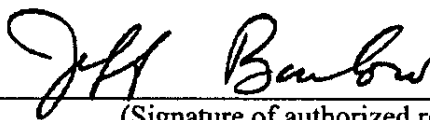
05/11/2016

(Date registered with Florida Department of State)

M16000003766

(Florida Document Number)

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



(Signature of authorized representative)

Jeff D. Barlow, Secretary

(Typed or printed name of signee)

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Filing Fee: \$25.00