

M160000003893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

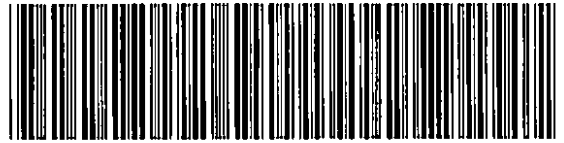
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2022 MAR -8 AM 10:52

CLERK OF SUPERIOR COURT  
TALLAHASSEE, FL

Withdrawal

MAR 09 2022  
ALBRITTON

2022 MAR -8 AM 11:28

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

ACCOUNT NO. : I20000000195

REFERENCE : 426856 8159627

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : January 21, 2022

ORDER TIME : 8:42 AM

ORDER NO. : 426856-135

CUSTOMER NO: 8159627

FOREIGN FILINGS

NAME: COTIVITI CLAIMS RECOVERY  
SOLUTIONS, 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:

(10)

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cotiviti Claims Recovery Solutions, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

05/16/2016

(Date registered with Florida Department of State)

M16000003893

(Florida Document Number)

FILED  
2022 MAR -8 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, 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:

*Brett I. Magun*

SEJBS84A183247A

(Signature of authorized representative)

Brett I. Magun

(Typed or printed name of signee)

**Filing Fee: \$25.00**