

M16000008784

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

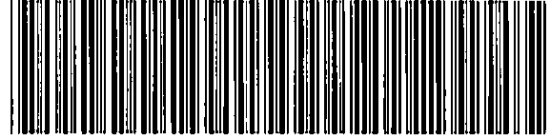
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J. HORNE
MAY 23 2023

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FILED
2023 MAY 22 AM 9:10
SECRETARY OF
TALLAHASSEE FL
2023 MAY 22 AM 11:59

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

ACCOUNT NO. : I20000000195

REFERENCE : 535231 8383906

AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE : February 28, 2023

ORDER TIME : 8:28 AM

ORDER NO. : 535231-050

CUSTOMER NO: 8383906

FOREIGN FILINGS

NAME: VISTA ALLIED HEALTH, 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: Alexxis Weiland-sorenson - EXT#

FILED
2023 MAY 22 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Vista Allied Health, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/02/2016

(Date registered with Florida Department of State)

M16000008784

(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.

Andrea Nelson

(Signature of authorized representative)

Andrea Nelson

(Typed or printed name of signee)

Filing Fee: \$25.00