## M1600003843

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(December 1)
(Document Number)
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## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT: Me	edProctor, L	LC	
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Jeremy .	Jones		
	(Name of Person)		
MedProd	ctor LLC		
	(Firm/Company)		
2126 21	ST AVE S.		
	(Address)		•
NASHVI	LLE, TN 37	212	
	(City/State and Zip Coo	le)	
For further informati	on concerning this matter, p	lease call:	
Michael	Haas	at ( 901	, 229-4337
(N	ame of Person)	(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	S30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

MedProctor, LLC			
(Name of limited liability company)			_
Delaware			
(Jurisdiction of its organization)		-	_
M16000008843			
(Florida Document Number)			_
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surren	iders i	ts
This limited liability company revokes the authority of its registered agent to accept behalf and appoints the Department of State as its agent for service of process based of action arising during the time it was authorized to transact business in Florida.	t servicesed on	ce on i a cau	its se
2126 21st Avenue S.			
(Mailing address)			
Nashville, TN, 37212			
(City/State/Zip)			
The limited liability company agrees to notify the Department of State in the future in its mailing address.	of any	chang 2017 OCT	
(Signature of member or authorized representative of a member)		9)	. Becar
Jeren Jones	11-	2	<u> </u>
(Typed or printed name of signee)	4 a.	3: 07	

Filing Fee: \$25.00