

MICROSOFT

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

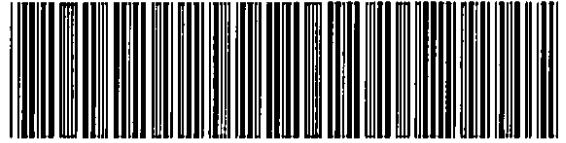
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 SEP 19 PM 4:17

9/20/18 ES

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

ACCOUNT NO. : I20000000195
REFERENCE : 397294 7581639
AUTHORIZATION : 
COST LIMIT : \$ 55.00

ORDER DATE : September 19, 2018
ORDER TIME : 3:05 PM
ORDER NO. : 397294-030
CUSTOMER NO: 7581639

FOREIGN FILINGS

NAME: ROCKLEDGE FLORIDA MAMMOGRAPHY
JV, 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: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rockledge Florida Mammography JV, 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:

Shelly LaRue, CP

(Name of Person)

Solis Mammography

(Firm/Company)

15601 Dallas Pkwy, Suite 500

(Address)

Addison, TX 75001

(City/State and Zip Code)

For further information concerning this matter, please call:

Shelly LaRue

(Name of Person)

469

398-4072

at (_____) _____

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Rockledge Florida Mammography JV, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 22, 2016

(Date registered with Florida Department of State)

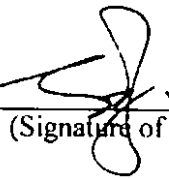
M16000010279

(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)

James Polfreman, President

(Typed or printed name of signee)

Filing Fee: \$25.00