

M17 000 000 370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

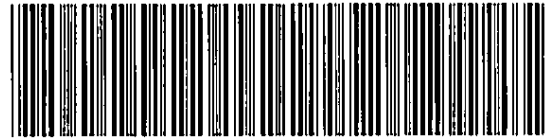
(Business Entity Name)

(Document Number)

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2023 MAR -8 AM 10:31

RECEIVED

ALLAHASSEE, ALA

2023 MAR -8 AM 11:34

RECEIVED

300403


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

ACCOUNT NO. : I20000000195

REFERENCE : 537338 7848964

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : March 1, 2023

ORDER TIME : 8:54 AM

ORDER NO. : 537338-025

CUSTOMER NO: 7848964

FOREIGN FILINGS

NAME: HEAR BETTER CENTERS, 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: Eyliena Baker - EXT#

EXAMINER: \_\_\_\_\_

2023 MAR -8 AM 10:31

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Hear Better Centers, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

01/11/2017

(Date registered with Florida Department of State)

M17000000370

(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.

*Brian Sweeney*

(Signature of authorized representative)

Brian Sweeney

(Typed or printed name of signee)

**Filing Fee: \$25.00**