

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL
GLOBAL REMOTE RESOURCES MEDICAL ADVISORY
SERVICES, L**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2022 FEB -2 PM 12:16

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T. LEMIEUX
FEB 03 2022

COVER LETTER

H22000042960

TO: Registration Section
Division of Corporations

SUBJECT: Global Remote Resource Medical Advisory Services 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:

Nilesh Shah

(Name of Person)

Universal Marine Medical Supply International, LLC

(Firm/Company)

27 Sylvaton Terrace

(Address)

Staten Island, NY 10305

(City/State and Zip Code)

For further information concerning this matter, please call:

Nilesh Shah

(Name of Person)

718

at (

(Area Code & Daytime Telephone Number)

981-7777 ext. 122

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Global Remote Resources Medical Advisory Services LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

1/26/2017

(Date registered with Florida Department of State)

M17000000760

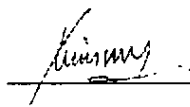
(Florida Document Number)

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)

Nitesh Shah

(Typed or printed name of signee)

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STATE OF FLORIDA
DEPARTMENT OF STATE