

M11000001056

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **October 10, 2022**

Account#: I20000000088

Name: **David Shulman**

Reference #: **1807001**

Entity Name: **INCOMPASS MEDICAL SOLUTIONS, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$25.00**

Signature: *David Shulman*

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COGENCY GLOBAL INC.
10 E 40 ST 10 FL
NY, NY 10016
800.771.0102
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✦ EUROPEAN HQ
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✦ ASIA PACIFIC HQ
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TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

INCOMPASS MEDICAL SOLUTIONS, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

02/06/2017

(Date registered with Florida Department of State)

M17000001056

(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.

Matthew Brandt

(Signature of authorized representative)

MATTHEW BRANDT

(Typed or printed name of signee)

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