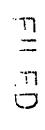


	(Requestor's Name)	
	(Address)	
	(Address)	<u></u>
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Сепіfied Copies	Certificates of S	itatus
Special Instructions to	o Filing Officer:	
	J. HORNE	
	() 1 2022	

Office Use Only









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

Account#: 120000000088

October 10, 2022 **David Shulman** Name:_ 1807001 Reference #:____ INCOMPASS MEDICAL SOLUTIONS, LLC Entity Name:____ Articles of Incorporation/Authorization to Transact Business ☐ Amendment ☐ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger ✓ Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount: \$25.00

Signature:

David Shalman



October 10, 2022

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

Account#: 120000000088

Date		
Name: David Shulm	nan	
Reference # 180	7001	
Entity Name: INCO	MPASS MEDICAL S	SOLUTIONS, LLC
Articles of Incorporation	n/Authorization to Transac	ct Business
Amendment		
Change of Agent		ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
☐ Merger		
Dissolution/Withdrawal	1	
☐ Fictitious Name		
Other		
Authorized Amount:	\$25.00	
	id Shulman	
Signature:		



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NCOMPASS 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)
Effective Date, if other than the date of filing:
Matthew Brandt
(Signature of authorized representative)
MATTHEW BRANDT
(Typed or printed name of signee)

Filing Fee: \$25.00