

MI70000001192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

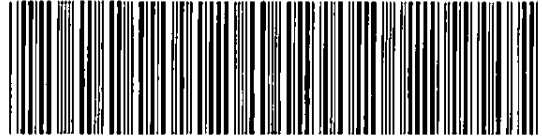
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



300424364823

Withdrawal

RECEIVED


2024 MAR 12 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2024 MAR 12 AM 11:45

A. RAMSEY
MAR 13 2024

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

ACCOUNT NO. : I20000000195
REFERENCE : 137465 8017819
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : November 17, 2023
ORDER TIME : 10:30 AM
ORDER NO. : 137465-385
CUSTOMER NO: 8017819

FOREIGN FILINGS

NAME: AVANT CARE 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Avant Care 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:

Maria Zavala

(Name of Person)

Hub International Limited

(Firm/Company)

150 N. Riverside Plaza, 17th Floor

(Address)

Chicago, Illinois 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Zavala

(Name of Person)

312

at (_____) _____

(Area Code & Daytime Telephone Number)

4775160

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

FILED
2024 MAR 12 AM 11:45
STATE OF FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Avant Care LLC

(Name of limited liability company)

Tennessee

(Jurisdiction of its organization)

02/09/2017

(Date registered with Florida Department of State)

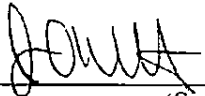
M17000001192

(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)

John M. Albright

(Typed or printed name of signee)

CSC 137465-385

Filing Fee: \$25.00