

M170000001783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

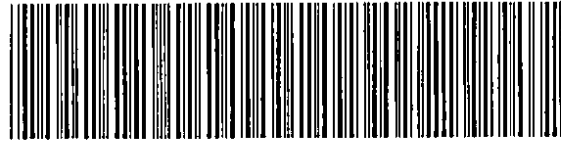
(Business Entity Name)

(Document Number)

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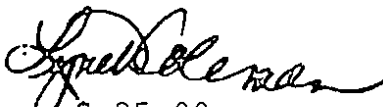
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 178147 7194431

AUTHORIZATION

COST LIMIT : \$25.00



ORDER DATE : February 12, 2020

ORDER TIME : 11:25 AM

ORDER NO. : 178147-175

CUSTOMER NO: 7194431

FOREIGN FILINGS

NAME: MEDISCAN NURSING STAFFING, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Mediscan Nursing Staffing, LLC

(Name of limited liability company)

California

(Jurisdiction of its organization)

02/13/2017

(Date registered with Florida Department of State)

M17000001783

(Florida Document Number)

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FLORIDA DEPARTMENT OF STATE
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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.

Susan E. Ball

(Signature of authorized representative)

Susan E. Ball

(Typed or printed name of signee)

Filing Fee: \$25.00