

M170000003070

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

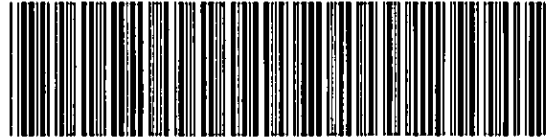
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF COURT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2022

PATTY NAUGHAN
GRAY ROBINSON
301 EAST PINE STREET, SUITE 1400
ORLANDO, FL 32801

SUBJECT: IP NUVO DR. PHILLIPS, LLC
Ref. Number: M17000003070

We have received your document for IP NUVO DR. PHILLIPS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 522A00021142

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OCT 18 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IP NUVO DR. PHILLIPS, 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:

Gregg Lehrer, Esq.

(Name of Person)

GrayRobinson, P.A.

(Firm/Company)

301 East Pine Street, Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

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CLERK OF COURT
TALLAHASSEE, FL

For further information concerning this matter, please call:

Gregg Lehrer, Esq. 407 843-8880

(Name of Person) at (Area Code & Daytime Telephone Number)

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:

- | | | | |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IP NUVO DR. PHILLIPS, LLC

(Name of limited liability company)

STATE OF DELAWARE

(Jurisdiction of its organization)

APRIL 10, 2017

(Date registered with Florida Department of State)

M17000003070

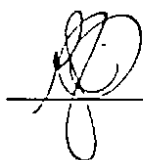
(Florida Document Number)

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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.



(Signature of authorized representative)

GARY CARDAMONE

(Typed or printed name of signee)

Filing Fee: \$25.00