

MIA 000006064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

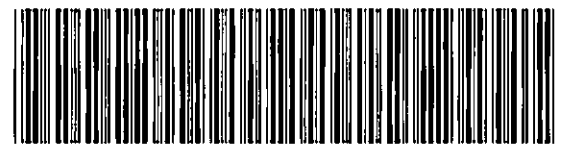
(Business Entity Name)

(Document Number)

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Office Use Only



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RECEIVED  
STATE OF FLORIDA  
JAN 19 AM 8:40

RECEIVED  
JAN 19 PM 2:31  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195  
REFERENCE : 592185 5174400  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 60.00

ORDER DATE : December 30, 2020  
ORDER TIME : 8:57 AM  
ORDER NO. : 592185-015  
CUSTOMER NO: 5174400

FOREIGN FILINGS

NAME: ALLYSCRIPTS, 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: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AllyScripts, 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:

MARK SHARP

(Name of Person)

ALLYSCRIPTS, LLC

(Firm/Company)

201 LONNIE E CRAWFORD BLVD

(Address)

SCOTTSBORO, ALABAMA 35769

(City/State and Zip Code)

For further information concerning this matter, please call:

MARK SHARP at ( 256 ) 218-5512  
(Name of Person) (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:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AllyScripts, LLC

\_\_\_\_\_  
(Name of limited liability company)

Alabama

\_\_\_\_\_  
(Jurisdiction of its organization)

07/18/2017

\_\_\_\_\_  
(Date registered with Florida Department of State)


M17000006064

\_\_\_\_\_  
(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: 1/05/2021 (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)

Kevin Foshee

\_\_\_\_\_  
(Typed or printed name of signee)

2021  
JAN 11 11:11 AM  
STATE OF FLORIDA  
SECRETARY OF STATE  
TALLAHASSEE, FL  
JAN 8 8:40 AM  
FILED

**Filing Fee: \$25.00**