

M1800000 2195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

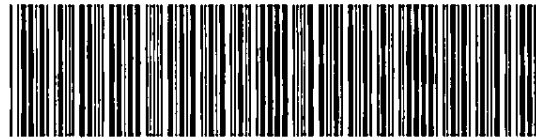
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

663-1092-



800342273658

04/06/20--01011--027 **25.00

20201111-11 PM 12:44

C GOLDEN

MAY -5 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MOUNTAIN MEDICINE HOLISTIC HEALTH 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:

SUSAN YOUNG
(Name of Person)

(Firm/Company)

2480 45th AVE
(Address)

VERO BEACH FL 32966
(City/State and Zip Code)

For further information concerning this matter, please call:

SUSAN YOUNG at 304, 203-4493
(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

This was sent to you with prior submission. Was not returned to me - was processed by your office.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 MAY -4 AM 10:44

April 21, 2020

DR. SUSAN YOUNG
2480 45TH AVENUE
VERO BEACH, FL 32966

SUBJECT: MOUNTAIN MEDICINE HOLISTIC HEALTH LLC
Ref. Number: M18000002195

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The current name of the entity is as referenced above. Please correct your document accordingly.

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.

Claretha Golden
Regulatory Specialist II

Letter Number: 320A00008247

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MOUNTAIN MEDICINE HOLISTIC HEALTH LLC

(Name of limited liability company)

West Virginia

(Jurisdiction of its organization)

FEBRUARY 28, 2018

(Date registered with Florida Department of State)

M18000002195

(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: MAY 5, 2020 (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 Young

(Signature of authorized representative)

SUSAN YOUNG

(Typed or printed name of signee)

Filing Fee: \$25.00

2020-11-11 PM 12:44