

MI80000007630

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

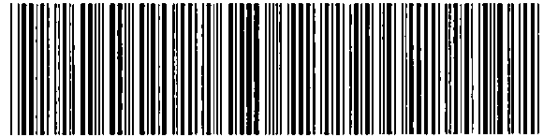
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Name:	HEALTH SYSTEM SOLUTIONS, LLC
Document #:	
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# NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HEALTH SYSTEM SOLUTIONS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/17/2018

(Date registered with Florida Department of State)

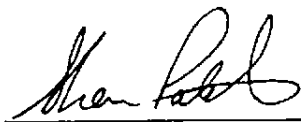
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This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
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(Signature of authorized representative)

Shamir Patel on behalf of Navigant Cymetrix Corporation

(Typed or printed name of signee)

Filing Fee: \$25.00