

MI 8000008059

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

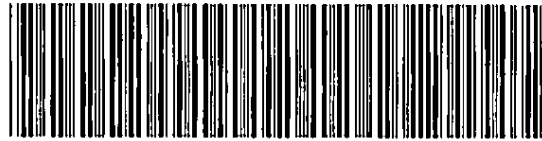
(Business Entity Name)

(Document Number)

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2022 APR 26 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

© SIMMONS

APR 27 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 640294 7888723

AUTHORIZATION



COST LIMIT : \$25.00

-----  
ORDER DATE : April 26, 2022

ORDER TIME : 2:48 PM

ORDER NO. : 640294-015

CUSTOMER NO: 7888723  
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FOREIGN FILINGS

NAME: IMPACT MHC MANAGEMENT, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX 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: Alexxis Weiland - EXT#

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

FILED

2022 APR 26 AM 7: 38

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Impact MHC Management, LLC

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

WY

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

8/31/18

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

M18000008059

\_\_\_\_\_  
(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: \_\_\_\_\_ (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)

David H Reynolds

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

**Filing Fee: \$25.00**