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PICK-UP	☐ WAIT	MAIL
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2019 SEP TO ANTO: 09

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COVER LETTER

TO:		ion Section of Corporations		
SUBJEC	Trea	sure Coast Surgical Services,	LLC	
		(Name of Fo	oreign Limited Liability	Company)
Dear Sir	or Madar	n:		
The enci	osed with	drawal and fee(s) are submitt	ed for filing.	
Please re	turn all o	orrespondence concerning thi	s matter to the followin	g:
Julie Bal	dwin			
		(Name of Person)		_
Brad Mil	iler, P.C.			
		(Firm/Company)		_
70 W. Ca	ishing St	rect		
		(Address)		-
Tucson,	AZ 85701	l		
-		(City/State and Zip Con	de)	-
For furth	r inform	ation concerning this matter, p	olease cail:	
Julic Bale	dwin		520 s t (547-2447
	(Name of Person)		t Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
🗅 S 25 Pil		\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Treasure Coast Surgical Services, LLC	
(Name of limited liability company)	
Nevada	
(Jurisdiction of its organization)	
12-3-18	
(Date registered with Florida Department of State)	
M18000011214	
(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:	\
	T
(Signature of authorized representative)	
Christopher Gleason, the Manager of NextMed Holdings, LLC the Manager of NextMed Management Services, LLC, the Manager of Treasure Coast Surgical Services, LLC.	
(Typed or printed name of signee)	

Filing Fee: \$25.00