

M19000064857

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

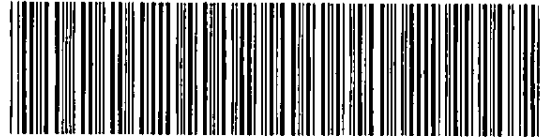
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
NOV 26 2024

Office Use Only



600435216516

FILED
2024 NOV 25 AM 10:05
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

RECEIVED
2024 NOV 25 AM 11:06
SOLICITOR GENERAL
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 786687 7656375

AUTHORIZATION :

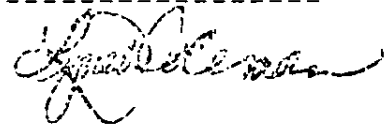
COST LIMIT : \$ 25.00

ORDER DATE : November 25, 2024

ORDER TIME : 10:32 AM

ORDER NO. : 786687-040

CUSTOMER NO: 7656375



FOREIGN FILINGS

NAME: GENEVA HEALTHCARE LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX 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: Amanda Miller - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Geneva Healthcare, 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:

Irma I. Gomez

(Name of Person)

c/o Philips North America

(Firm/Company)

222 Jacobs Street, 3rd Floor

(Address)

Cambridge, MA 02141-2289

(City/State and Zip Code)

For further information concerning this matter, please call:

Irma I. Gomez

(Name of Person)

617

at (_____) _____

(Area Code & Daytime Telephone Number)

245-5539

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

FILED

2024 NOV 25 AM 10:06

DEPARTMENT OF STATE
NOTICE OF FILING

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Geneva Healthcare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

5/15/2019

(Date registered with Florida Department of State)

M19000004857

(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)

Joseph E. Innamorati, Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00

CSC 786687