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2023 JAN 19 AM 10:50

RECEIVED

2023 JAN 19 AM 11:15

STATE
SECURITY
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/20/2023

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

ACCOUNT NO. : I20000000195

REFERENCE : 385178 8087266

AUTHORIZATION :



COST LIMIT : \$ 25.00

ORDER DATE : January 18, 2023

ORDER TIME : 8:38 AM

ORDER NO. : 385178-010

CUSTOMER NO: 8087266

FOREIGN FILINGS

NAME: ONYX HEALTHCARE, 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: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Onyx 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:

Jonathan D. Kukulski

(Name of Person)

Health Carousel, LLC

(Firm/Company)

3805 Edwards Road, Suite 700

(Address)

Cincinnati, OH 45209

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Morabito

(Name of Person)

800

580-8239

at ()

(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

FILED

2023 JAN 19 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FL

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Onyx Healthcare, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/15/2020

(Date registered with Florida Department of State)

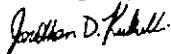
M20000000635

(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.

DocuSigned by:

A87AF654FA8848G

(Signature of authorized representative)

Jonathan Kukulski

(Typed or printed name of signee)

Filing Fee: \$25.00