

M20000006277

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

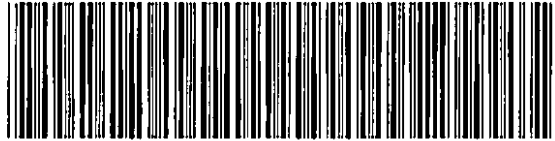
(Document Number)

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Certificates of Status \_\_\_\_\_

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2022 SEP 21 PM 12:28

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2022 SEP 21 AM 8:44

9/22/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 964392 8364259

AUTHORIZATION :



COST LIMIT : \$ 25.00

-----  
ORDER DATE : September 20, 2022

ORDER TIME : 5:08 PM

ORDER NO. : 964392-010

CUSTOMER NO: 8364259  
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FOREIGN FILINGS

NAME: VILLAGEMD NORTH FLORIDA, 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: Eyliena Baker - EXT#

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VillageMD North Florida, 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:

\_\_\_\_\_  
(Name of Person)

VillageMD

\_\_\_\_\_  
(Firm/Company)

125 S. Clark St., Suite 900

\_\_\_\_\_  
(Address)

Chicago, IL 60603

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

2022 SEP 21 AM 8:44

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VillageMD North Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 21, 2020

(Date registered with Florida Department of State)

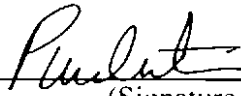
M20000006277

(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)

Paul Martino, President

(Typed or printed name of signee)

**Filing Fee: \$25.00**