

m20000006278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

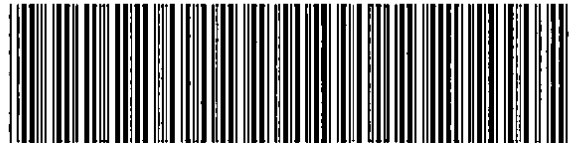
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

RECEIVED

A. RAMSEY  
AUG - 5 2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 861576 8364259

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : August 4, 2022

ORDER TIME : 10:28 AM

ORDER NO. : 861576-010

CUSTOMER NO: 8364259

FOREIGN FILINGS

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

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

TO: Registration Section  
Division of Corporations

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Chicago, IL 60603

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(City/State and Zip Code)

D Chiappetti 312 465-7900  
\_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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FEB 10 2022

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VillageMD North Florida Clinical Research, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 21, 2020

(Date registered with Florida Department of State)

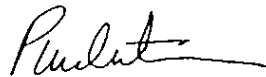
M20000006278

(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, Authorized Person

(Typed or printed name of signee)

**Filing Fee: \$25.00**