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Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CORPORATION SERVICE COMPANY
Account Number : 120000000195
Phone : (850) 521-0921
Fax Number : (850) 558-1515

**LLC DISSOLUTION OR WITHDRAWAL
ANDORHEALTH VENTURES, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AndorHealth Ventures, 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:

Carla Hines

(Name of Person)

Locke Lord LLP

(Firm/Company)

111 Huntington Avenue

(Address)

Boston, MA 02199

(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Rodriguez at (617) 239-0726

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AndorHealth Ventures, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/02/2020

(Date registered with Florida Department of State)

M20000009860

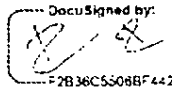
(Florida Document Number)

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:

F2B36C5508BF442

(Signature of authorized representative)

Rajesh S. Toleti

(Typed or printed name of signee)

Filing Fee: \$25.00