

M21000000110

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

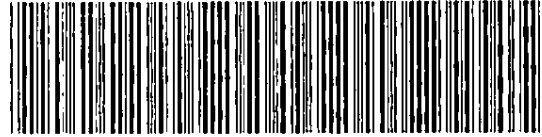
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

JUL 01 2022

A. LUNT

Office Use Only



500387339735

RECEIVED
CLERK OF SUPERIOR COURT
2022 JUN 30 AM 11:17

RECEIVED
ALABAMA STATE FILING
2022 JUN 30 PM 3:22

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

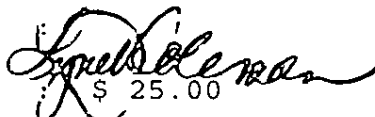
ACCOUNT NO. : I20000000195

REFERENCE : 780689 8287480

AUTHORIZATION

COST LIMIT

\$ 25.00



ORDER DATE : June 30, 2022

ORDER TIME : 1:44 PM

ORDER NO. : 780689-100

CUSTOMER NO: 8287480

FOREIGN FILINGS

NAME: CLINICAL SOLUTIONS GROUP, 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: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Solutions Group, 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:

Michele Forlenza

(Name of Person)

IQVIA

(Firm/Company)

100 IMS Drive

(Address)

Parsippany NJ 07054

(City/State and Zip Code)

For further information concerning this matter, please call:

Michele Forlenza

(Name of Person)

973

at (_____) _____

(Area Code & Daytime Telephone Number)

765-7054

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2022 JUN 30 AM 11:17

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Clinical Solutions Group, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

January 5, 2021

(Date registered with Florida Department of State)

M21000000110

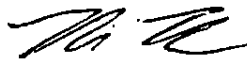
(Florida Document Number)

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)

Michael Knolker

(Typed or printed name of signee)

Filing Fee: \$25.00