

M21000001508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

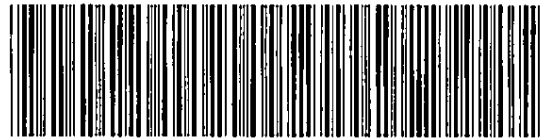
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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RECEIVED

2022 AUG 11 PM 3:21

2022 AUG 11 AM 11:46

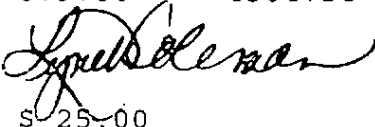
TALLAHASSEE, FLORIDA

cf 8/12/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 879780 4304756

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : August 11, 2022

ORDER TIME : 2:50 PM

ORDER NO. : 879780-005

CUSTOMER NO: 4304756

FOREIGN FILINGS

NAME: POINT HEALTH 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: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: POINT HEALTH 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:

Sarita J. Shoulla

(Name of Person)

Morgan, Lewis & Bockius LLP

(Firm/Company)

One Federal Street

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarita J. Shoulla

(Name of Person)

617

at (_____) _____

(Area Code & Daytime Telephone Number)

341.7524

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

2022 AUG 11 AM 11:46

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Point Health LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

02/05/2021

(Date registered with Florida Department of State)

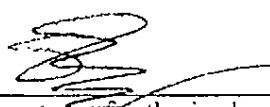
M21000001508

(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)

SCOTT KARGMAN

(Typed or printed name of signer)