

MZI 000 002 315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

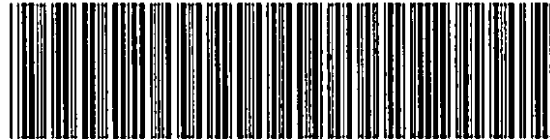
(Business Entity Name)

(Document Number)

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

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2023 MAR 20 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE FL

*withdrawal*

MAR 24 2023

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HCS Correctional Management, 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:

Miriam Linville, Corporate Paralegal

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

Wellpath LLC

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

3340 Perimeter Hill Drive

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

Nashville, TN 37211

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

For further information concerning this matter, please call:

Miriam Linville 615 473-7892  
\_\_\_\_\_  
(Name of Person) at (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:

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

\*Check 109116 in the amount of \$25.00 was rec'd and deposited by your office.

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2023 MAR 20 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 23, 2022

MIRIAM LINVILLE  
3340 PERIMETER HILL DRIVE  
NASHVILLE,

SUBJECT: HCS CORRECTIONAL MANAGEMENT, LLC  
Ref. Number: M21000002315

We have received your document for HCS CORRECTIONAL MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If you are intending to withdrawl from Florida to become inactive the proper form is provided.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Catherine M Brumbley  
Regulatory Specialist III

Letter Number: 222A00021300

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HCS Correctional Mangement, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

2/16/2021

(Date registered with Florida Department of State)

M21000002315

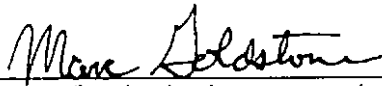
(Florida Document Number)

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)

Marc Goldstone, Secretary

(Typed or printed name of signee)

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2023 MAR 20 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00