

M21000002499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

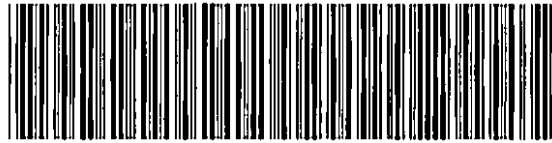
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRUE RCM, 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:

PATRICIA KEARNAN

(Name of Person)

TRUE RCM LLC

(Firm/Company)

415 W GOLF ROAD, SUITE 26

(Address)

ARLINGTON HEIGHTS, IL 60005

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA KEARNAN

(Name of Person)

at (224) 236-4603

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Date: 12/21/2023

Name: Xavian Brown

Reference #: 2215429

Entity Name: TRUE RCM, LLC

Account#: 120000000088
For any issues please contact
Xavian Brown
518-213-0739

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount: \$25.00

Signature: *XB*

© CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

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COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

© ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

TRUE RCM LLC
(Name of limited liability company)

ILLINOIS
(Jurisdiction of its organization)

3/4/2021
(Date registered with Florida Department of State)

M21000002499
(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.

Patricia Kearnan
(Signature of authorized representative)

PATRICIA KEARNAN
(Typed or printed name of signee)

FILED
2023 DEC 22 AM 9:29
TALLAHASSEE, FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00