

M21000002499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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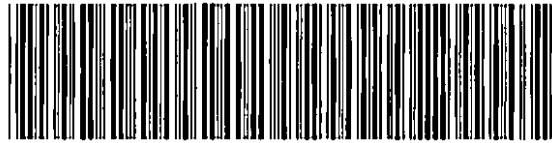
(Business Entity Name)

(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  
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**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)

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

Filing Fee: \$25.00