

M21000003320

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

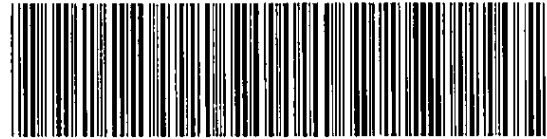
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700385792677

RECEIVED

2022 APR 29 AM 11:23

CLERK OF STATE
TALLAHASSEE, FLORIDA


FILED

2022 APR 29 AM 10:08

CLERK OF STATE
TALLAHASSEE, FL

5/2/2022

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

ACCOUNT NO. : I20000000195
REFERENCE : 649750 5168766
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : April 29, 2022

ORDER TIME : 9:42 AM

ORDER NO. : 649750-005

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: DIMENSIONS CLINICAL CONSULTING
SERVICES 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: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dimensions Clinical Consulting Services 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:

Andrea Saullo

(Name of Person)

(Firm/Company)

152 West 57th Street, 60th Floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo 212 649-9700

(Name of Person) (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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Dimensions Clinical Consulting Services LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

3/23/2021

(Date registered with Florida Department of State)

M21000003320

(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.

/s/Curtis Pollock

(Signature of authorized representative)

Curtis Pollock

(Typed or printed name of signee)

FILED
2022 APR 29 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FL

Filing Fee: \$25.00