

# M210000009516

\_\_\_\_\_  
(Requestor's Name)

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

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

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

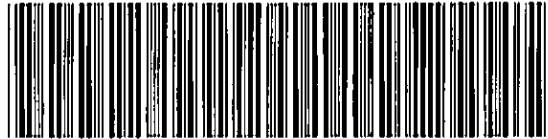
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 12/14/2022

**\*\*WALK IN\*\***

ENTITY NAME MCCD PSYCHIATRY SERVICES PLLC

DOCUMENT NUMBER M21000009516

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

<u>XXXX</u>	<i>Plain Copy</i>
<u>      </u>	<i>Certified Copy</i>
<u>      </u>	<i>Certificate of Status</i>
<u>      </u>	

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

<u>      </u>	<i>Certified Copy of Arts &amp; Amendments</i>
<u>      </u>	<i>Certified Copy of Arts &amp; Amendments Complete File (Including Annual Reports)</i>
<u>      </u>	<i>Certificate of Status</i>
<u>      </u>	<i>Certificate of Status Reflecting: _____</i>

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 55

ACCOUNT # I20140000108  
United Corporate  
Services, Inc.

*Keith Heppard*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MCCD Psychiatry Services PLLC, LLC

(Name of limited liability company)

New York

(Jurisdiction of its organization)

7/22/2021

(Date registered with Florida Department of State)

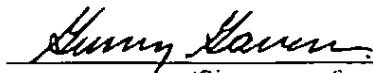
M21000009516

(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: 12/31/2022 (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)

Georgia Gaveras, D.O.

(Typed or printed name of signee)

SECRET  
TALLAHASSEE, FL

2022 DEC 14 AM 9:07

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Filing Fee: \$25.00