Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000063130 3)))



H220000631303ABCR

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To:

Division of Corporations

Fax Number : (850)617-6383

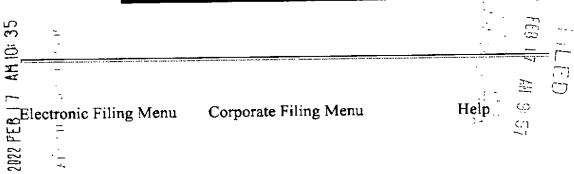
From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 : (800)432-3622 Fax Number

LLC DISSOLUTION OR WITHDRAWAL HEALTH DISTRIBUTION AGENCY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00



COVER LETTER

H22000063130

	istration ision of (Section Corporations		
SUBJECT:	Health l	Distribution Agency, LLC		
		(Name of Fore	ign Limited Liability	Company)
Dear Sir or N	Aadam:			
The enclosed	withdra	wal and fee(s) are submitted	for filing.	
Please return	all corre	espondence concerning this	matter to the following	g:
Jonathan Go	pman			
		(Name of Person)		_
		(Firm/Company)		_
9625 Turniu	oni Trail	North, Suite 202,		
		(Address)		_
Naples, Flor	ida 3410	98		
		(City/State and Zip Cod	c)	-
For further in	nformatic	on concerning this matter, p	lease call:	
Jonathan Go	pman		239 at (3250401
	(Na	ame of Person)		& Dayrime Telephone Number)
Re Div P.C	vision o	on Section of Corporations		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 Film	g Fce	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy

H22000063130

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Health Distribution Agency, LLC		
(Name of limited liability company)		
State of Delaware		
(Jurisdiction of its organization)		
January 28, 2022		
(Date registered with Florida Department of State)		
M22000001475		
(Florida Document Number)		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of	ig requi	g or co rements,
(Signature of authorized representative)	1] . 	MH 9: 57
Andrew Boron (Typed or printed name of signee)	_	

Filing Fee: \$25.00