

4/22/24, 5:29 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
M22000001607

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

((H240001467183))



H240001467183ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

LLC DISSOLUTION OR WITHDRAWAL
MHS EMPLOYEES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED
2024 APR 23 AM 10:35
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2024 APR 23 PM 11:13

Electronic Filing Menu Corporate Filing Menu Help

APR 24 2024
K. Brumbley

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MHS Employees, LLC

(Name of limited liability company)

Washington

(Jurisdiction of its organization)

02/01/2022

(Date registered with Florida Department of State)

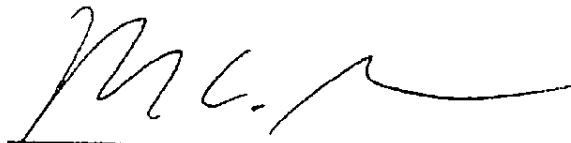
M122000001607

(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.



(Signature of authorized representative)

Mark C Garry, Corp Sec'y of Multicare
(Typed or printed name of signee)

Health System
Multicare Health System is sole
member of MHS Employees, LLC

Filing Fee: \$25.00

2024 APR 23 PM 1:13