

M220000003126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

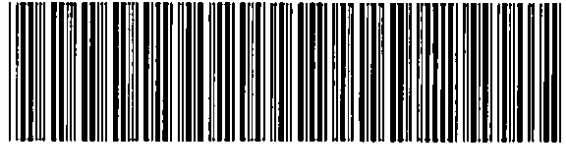
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**CT CORP**  
**(850)656-4724**  
**3458 Lakeshore Drive,**  
**Tallahassee, FL 32312**

**Date:** 07/21/2023

Acc#I20160000072

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| Name:       | AHS ALLIANCE HEALTHCARE SOLUTIONS, LLC |
| Document #: |  |
| Order #:    | 15045442                               |

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Amount: \$ **25.00**

Thank you!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AHS ALLIANCE HEALTHCARE SOLUTIONS, LLC

(Name of limited liability company)

OHIO

(Jurisdiction of its organization)

02/28/2022

(Date registered with Florida Department of State)

M122000003126

(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/ Matt Lyon

(Signature of authorized representative)

Matt Lyon

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

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