## 751400005H

	(Requestor's Name)	
	(Address)	
_	(Address)	
	,, ,,,	
	(City/State/Zip/Phone #)	
	(City/State/Zip/Filone #)	
PICK-UP	WAIT	MAIL
<u> </u>		
	·	
(	(Business Entity Name)	
	(Document Number)	
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rotal Instructions to	Filing Officer:	
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1/24/2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

		ACCOUNT	NO. :	1200000	00195	
		REFERE	ENCE :	349979	8147457	
		AUTHORIZAT	CION :	Jan 18		
		COST LI	: TIM	\$ 25.00	Lenan	
ORDER	DATE :	January 12,	2023			
ORDER	TIME :	9:12 AM				
ORDER	NO. :	349979-010				
CUSTO	MER NO:	8147457				
						<b></b>
		<u>FORE 1</u>	GN FIL	INGS		
	NAME:	MOUNTAIN	STATES	IMAGING,	LLC	
	CORPORAT					
		PARTNERSHIP LIABILITY CC	MPANY			
XXXX V	WITHDRAWA	AL/CANCELLATI	ON			

CONTACT PERSON: Eyliena Baker - EXT#

CERTIFIED COPY
YXX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF STATUS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER: \_\_\_\_

## **COVER LETTER**

TO: Registration Division of	Section Corporations		
	ain States Imaging, LLC		
SUBJECT:	(Name of For	Company)	
Dear Sir or Madam:			
The enclosed withdra	iwal and fee(s) are submitted	d for filing.	
Please return all corre	espondence concerning this	matter to the followin	ñ:
Jonathan Penate			
	(Name of Person)		-
Mountain States In	naging, LLC		
	(Firm/Company)		_
1550 Valley Vista I	Orive Suite 150		
<del></del>	(Address)		_
Diamond Bar CA 9	1765		
	(City/State and Zip Code	e)	_
For further informati	on concerning this matter. p	lease call:	
Jonathan Penate		909 at (	378-7137
(No	ame of Person)	(Area Code o	& Daytime Telephone Number)
Division of P.O. Box	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 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee,  Certificate of Status &  Certified Copy

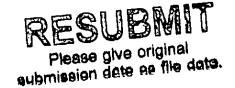


January 17, 2023

CORPORATION SERVICE COMPANY

SUBJECT: MOUNTAIN STATES IMAGING, LLC

Ref. Number: M22000004135



Letter Number: 823A00001069

We have received your document for MOUNTAIN STATES IMAGING, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The name of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

(3) ATTH

## FILED

2023 JAN 13 AM 9: 08

## SEUNE 1 - 1 0.5 STATE NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY SEE, FL

Mountain States I	maging, LLC
	(Name of limited liability company)
Florida	COLORADO
	(Jurisdiction of its organization)
02/28/2022	
	(Date registered with Florida Department of State)
M22000004135	
	(Florida Document Number)
(If an effective d more than 90 day <b>Note:</b> If the date	other than the date of filing:
-	(Signature of authorized representative)
_	Vincent Huang  (Typed or printed name of signee)

Filing Fee: \$25.00