

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**LLC DISSOLUTION OR WITHDRAWAL  
UNIVERSAL HEALTHCARE SOLUTIONS, LLC**

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

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Corporate Filing Menu

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T. LEMIEUX

MAR 24 2023

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Universal Healthcare Solutions, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Capitol Services - Corporate Filings Team  
(Firm/Company)

515 East Park Avenue 2nd Fl  
(Address)

Tallahassee, FL 32301  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_  
(Name of Person) at ( 855 ) 498 - 5500  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Amendment Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**MAILING ADDRESS:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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

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## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Universal Healthcare Solutions, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

March 31, 2022  
(Date registered with Florida Department of State)

M22000004968  
(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.

DocuSigned by:  
Mason Bryant  
1AAFGAE80R144FD (Signature of authorized representative)

Mason Bryant, Manager  
(Typed or printed name of signer)

Filing Fee: \$25.00

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