

m22000015567

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

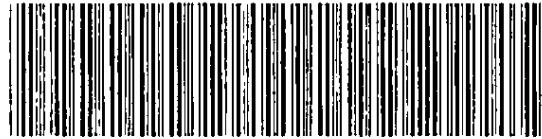
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer:

Office Use Only



700407899047

Withdrawal

FILED

2023 MAY -2 AM 9:14

SECRETARY OF STATE
DIVISION OF CORPORATIONS



2023 MAY -2 AM 11:30

Office

Division of Corporations


A. RAMSEY

MAY -3 2023

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 713340 7217841

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : May 1, 2023

ORDER TIME : 9:27 AM

ORDER NO. : 713340-005

CUSTOMER NO: 7217841

FOREIGN FILINGS

NAME: VIRTIS HEALTH, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX ____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Virtis Health, 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:

Christine Belanger

(Name of Person)

Virtis Health, LLC

(Firm/Company)

2801 Network Blvd., Ste. 505

(Address)

Frisco, TX 75034

(City/State and Zip Code)

For further information concerning this matter, please call:

Christine Belanger

(Name of Person)

at (603) 324-2447

(Area Code & Daytime Telephone Number)

Mailing Address:

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

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:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input checked="" type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2023 MAY -2 AM 9:14
DEPARTMENT OF STATE
RECEIVED
TALLAHASSEE, FLORIDA

FILED

Virtis Health, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 5, 2022

(Date registered with Florida Department of State)

M22000015567

(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)

Benjamin Bier

(Typed or printed name of signee)

Filing Fee: \$25.00