M2300000 6309

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Bu:	siness Entity Nam	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			
		<u> </u>	

Office Use Only



600419946116



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date: 12	/29/2023	
Name:		
Reference #:	2124832	
	DCW PRO	VIDERS (IL), L.L.C.
Articles o	f Incorporation/Authorizati	on to Transact Business
Amendm	ent	
Change of	of Agent	
☐ Reinstate	ement	
Conversi	on	
Merger		
✓ Dissolution	on/Withdrawal	
☐ Fictitious	Name	
✓ Other	Please prov	vide certified copy upon filing
Authorized Amo (Signature:	unt: \$55.00	

P: 800.221.0102

F: 800,944.6607

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DCW PROVIDERS (IL), L.L.C.			_
(Name of limited liability company)			
IL			
(Jurisdiction of its organization)			_
05/15/2023			
(Date registered with Florida Department of State)			_
M2300006309			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this st	ate.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of	ig requirei	or ments	
en In			
(Signature of authorized representative)		509 4	
Erica Pham	ASS.	- - 3	Ţ
(Typed or printed name of signee)	TALLAHASSEE. FLORID	9094 JAN -3 PM 12: 49	
	LOS CIS	ו:2	
	5:	ē	

Filing Fee: \$25.00