

FOI 000005485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

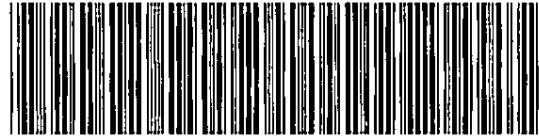
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2017



11000 Prairie Lakes Drive
Suite 600
Eden Prairie, MN 55344
(877) 431-5824

Florida Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Conversion of LifePlans LTC Services, Inc. to LifePlans, LLC
Document No.: F01000005485

Effective September 29, 2017, Long Term Care Group, Inc. (LTCG) purchased LifePlans LTC Services, Inc. The company was then converted to a limited liability company.

Enclosed are the following items necessary to withdraw LifePlans LTC Services, Inc. as a foreign corporation from Florida:

- Application by Foreign Corporation for Withdrawal of Authority to Transact Business or Conduct Affairs in Florida;
- Cover Letter; and
- Check #127071 in the amount of \$43.75 for the filing fee and Certified Copy.

Also enclosed are the following items necessary to register the new limited liability company:

- Cover Letter;
- Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida;
- Certificate of Existence from home state of Massachusetts; and
- Check #127070 in the amount of \$155.00 for the filing fee and Certified Copy.

Please process these two transactions simultaneously to provide no gap in registration.

Sincerely,

A handwritten signature in black ink that reads 'Julie M. Weiland'. The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Julie M. Weiland
Regulatory Compliance Manager
compliance@lctg.com
(952) 516-6347

Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: LifePlans LTC Services, Inc.
(Name of Corporation)

DOCUMENT NUMBER: F01000005485

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Julie M. Weiland
(Name of Person)
Long Term Care Group, Inc.
(Firm/Company)
11000 Prairie Lakes Dr, Suite 600
(Address)
Eden Prairie, MN 55344
(City/State and Zip code)

For further information concerning this matter, please call:

Julie M. Weiland at (952) 516-6347
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

\$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

LifePlans LTC Services, Inc.

(Name of Corporation)

F01000005485

(Document Number of Corporation (if known))

Massachusetts

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

11000 Prairie Lakes Drive, Suite 600

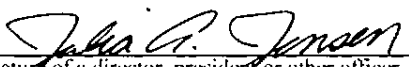
(Mailing Address)

Eden Prairie, MN 55344

(City/ State /Zip)

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TALLAHASSEE, FLORIDA

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Julia A. Jensen

(Typed or printed name of person signing)

10/19/17

(Date)

Secretary

(Title of person signing)

FILING FEE \$35