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(Re	equestor's Name)				
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL.			
(Bi	usiness Entity Nan	ne)			
(D	ocument Number)				
Certified Copies	Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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2006 NOY 2 L. PH .1: 3H-SECRETARY OF STATE TALLAHASSEE, FLORIDA

RECEIVED

POR 11/91/010



ON SERVICE COMPANY				
	ACCOUNT NO.	:	07210000	00032
	REFERENCE	:	618836	4304959
	AUTHORIZATION	: <i>C</i>	Lonello DE	enan
	COST LIMIT	:	25 .00	
ORDER DATE :	November 22, 200	6		
ORDER TIME :	11:52 AM			•
ORDER NO. :	618836-005			
CUSTOMER NO:	4304959			
NAME:	KHI CORPORATI	ON		
	TE PARTNERSHIP LIABILITY COMPAN	ľΥ		
XXXX WITHDRAW	AL/CANCELLATION			
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FI	LING:
XX PLAIN	FIED COPY STAMPED COPY FICATE OF STATUS			
CONTACT PERSO	N: Trov Todd - E	XT#	2940	

EXAMINER:

FILED

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONTRACT ATTACKS IN FLORIDA

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KHI Corporation (Name of Corporation)
Delaware (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:
c/o Harborside Healthcare Corporation, One Beacon Street, Suite 1100 (Mailing Address)
Boston, MA 02108 (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.
Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary.
Typed or printed name Date Date