

MO/000000401

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

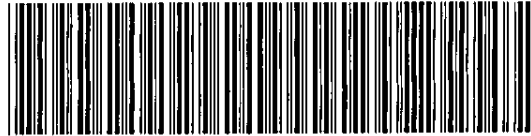
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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

APR 20 2012

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 173403 7390554
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : April 18, 2012
ORDER TIME : 10:26 AM
ORDER NO. : 173403-030
CUSTOMER NO: 7390554

FOREIGN FILINGS

NAME: PARTNERS HEALTH GROUP-FLORIDA,
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

EXAMINER: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Partners Health Group - Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M01000000401

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.


111 West Michigan Street

(Mailing address)

Milwaukee, Wisconsin 53203

(City/State/Zip)

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


(Signature of member or authorized representative of a member)

David B. Pearce, authorized signatory

(Typed or printed name of signee)

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DEPARTMENT OF STATE
MILWAUKEE, FLORIDA

Filing Fee: \$25.00