

MO1000001637

CT CORPORATION SYSTEM

CORPORATION(S) NAME

ACS State Healthcare, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 JUL 18 PM 2:52

FILED

600006492716--7

-07/18/02-01063-005

\*\*\*\*\*25.00 \*\*\*\*\*25.00

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|--|--|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment                         | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           |  |   |
| <input type="checkbox"/> Foreign             | <input checked="" type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
|  | <input type="checkbox"/> Reinstatement                     |   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report                     | <input type="checkbox"/> Other              |
| <input checked="" type="checkbox"/> LLC      | <input type="checkbox"/> Name Registration                 | <input type="checkbox"/> Change of RA       |
|  | <input type="checkbox"/> Fictitious Name                   | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Photocopies                       | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem                   | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait                         | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |  |   |

7/18/02

Order#: 5492040

Ref#:

Amount: \$

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W. P. Verifier	W. P. Verifier

660 East Jefferson Street

Tallahassee, FL 32301

Tel. 850 222 1092

Fax 850 222 7615

MO1000001637

WITHDRAW  
DOCUMENT NO. M01000001637

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

ACS STATE HEALTHCARE, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders 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.

2828 N. Haskell Ave., Bldg. 1, FL-10

(Mailing address)

Dallas, Texas 75204

(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)

Wayne R. Lewis, Assistant Secretary

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**Filing Fee: \$25.00**