

MO2000002314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

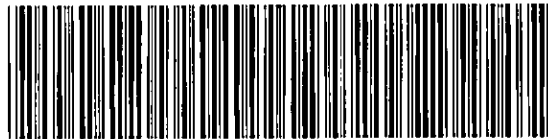
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900314684179

FILED
18 JUN 26 AM 7:38
RECEIVED
18 JUN 26 PM 4:18
STOCK MARKET
CARTER

K. SALY
JUN 27 2018

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 272324 7864759

AUTHORIZATION :

COST LIMIT :

[Handwritten signature]
\$0.56.00

ORDER DATE : June 22, 2018

ORDER TIME : 10:24 AM

ORDER NO. : 272324-010

CUSTOMER NO: 7864759

FOREIGN FILINGS

NAME: LC HEALTHCARE HOLDING COMPANY,
LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LC Healthcare Holding Company, LLC

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joan E. Thurmond

(Name of Person)

Life Care Centers of America, Inc.

(Firm/Company)

3570 Keith Street NW

(Address)

Cleveland, TN 37312

(City/State and Zip Code)

For further information concerning this matter, please call:

Joan E. Thurmond

(Name of Person)

423

473-5868

at (_____) _____

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
18 JUN 26 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LC Healthcare Holding Company, LLC

(Name of limited liability company)

Tennessee

(Jurisdiction of its organization)

9/3/02

(Date registered with Florida Department of State)

M02000002314

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)

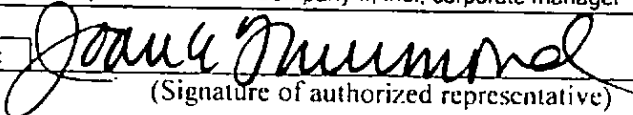
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

LC Healthcare Holding Company, LLC

By: Developers Investment Company II, Inc., corporate manager

By:



(Signature of authorized representative)

Joan E. Thurmond, Assistant Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00