

M02000002353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

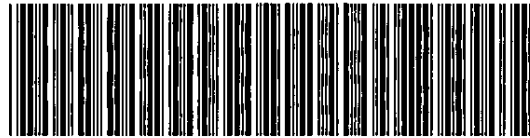
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ab/1605



Writer's Fax No. (855) 642-8325
Writer's Direct Dial No. (502) 596-7044
Writer's E-mail: jenny.linnet@kindred.com

August 30, 2016

Secretary of State of Florida
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Re: Notice of Withdrawal of Foreign Limited Liability Company

Dear Sir/Madam:

Enclosed please find a Notice of Withdrawal of Foreign Limited Liability Company for Horizon Health Network LLC along with the required payment in the amount of \$25.00.

Please forward the file stamped copy of the Withdrawal to the attention of Jenny Linet, Kindred Healthcare, 680 S. Fourth Street, Louisville, KY 40202. I have enclosed a ~~paid~~ envelope as well for your convenience.

If you have any questions, please do not hesitate to give me a call. Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads "Jenny Linet".

Jenny Linet
Legal Services Specialist

Enclosures

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Horizon Health Network 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:

Jenny Linet
(Name of Person)

Horizon Health Network LLC
(Firm/Company)

680 South Fourth Street
(Address)

Louisville, KY 40202
(City/State and Zip Code)

For further information concerning this matter, please call:

Jenny Linet at 502 596-7044
(Name of Person) (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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Horizon Health Network LLC

(Name of limited liability company)

Alabama

(Jurisdiction of its organization)

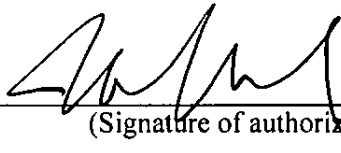
9/9/2002

(Date registered with Florida Department of State)

M02000002353

(Florida Document Number)

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



(Signature of authorized representative)

Joseph Landenwich, General Counsel & Corporate Secretary

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00