

M02000003018

FILED

DEC 23 PM 2:4

CLERK OF COURT  
TALLAHASSEE, FLORIDA

(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



800009457358

12/23/02--01020--016 \*\*25.00

RECEIVED  
02 DEC 23 09:17  
CLERK OF COURT  
TALLAHASSEE, FLORIDA  
DEPT. OF REVENUE  
02 DEC 23 11:16

CT CORPORATION SYSTEM

December 23, 2002

FILED  
02 DEC 23 PM 2:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Secretary of State, Florida  
409 East Gaines Street  
Tallahassee FL 32399

Re: Order #: 5751044 SO  
Customer Reference 1:  
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Surgery Center of Wellington, L.L.C. (DE)  
Cancellation  
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at  
(850) 222-1092. Thank you very much for your help.

Sincerely,

Ashley A Mitchell  
Fulfillment Specialist  
Ashley\_Mitchell@cch-lis.com

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

FILE  
FIRST  
PLEASE!!

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

FILED

NOV 23 PM 2:41  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Surgery Center of Wellington, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

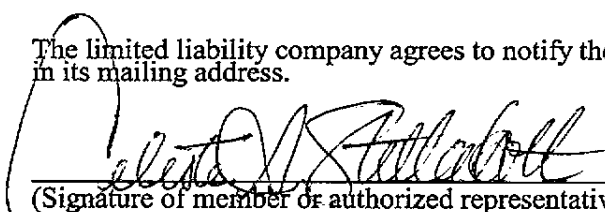
367 South Gulph Road

(Mailing address)

King of Prussia, PA 19406

(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)

Celeste A. Stellabott

(Typed or printed name of signee)

**Filing Fee: \$25.00**