

M 03 00000 1195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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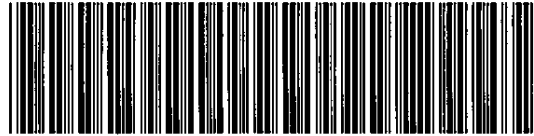
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

59579



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 264336 7363337
AUTHORIZATION : *[Signature]*
COST LIMIT : ~~\$3500~~

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : October 9, 2007

25.00

ORDER TIME : 11:06 AM

ORDER NO. : 264336-005

CUSTOMER NO: 7363337

FOREIGN FILINGS

NAME: LATIN AMERICAN HEALTH VENTURES
LLC

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Joyce Markley - EXT# 2930

EXAMINER: _____

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

LATIN AMERICAN HEALTH VENTURES LLC

(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.

3211 PONCE DE LEON BLVD.. SUITE 207

(Mailing address)

CORAL GABLES, FL 33134

(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)

MIGUEL A. CARMONA

(Typed or printed name of signee)

Filing Fee: \$25.00

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