

MO3000002174

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

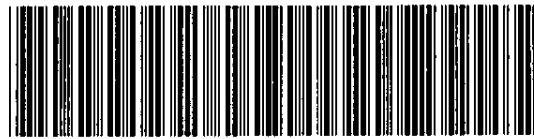
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B. KOHR

OCT 21 2011

EXAMINER



500213045275

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DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 OCT 21 PM 3:15



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 946639 4354503

AUTHORIZATION

COST LIMIT : \$ 30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 OCT 21 PM 3:15

ORDER DATE : October 14, 2011

ORDER TIME : 11:16 AM

ORDER NO. : 946639-005

CUSTOMER NO: 4354503

FOREIGN FILINGS

NAME: FLORIDA INSTITUTE FOR LONG  
TERM CARE, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX 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: Stephanie Milnes - EXT# 2920

EXAMINER: \_\_\_\_\_

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

FILED STATE  
SECRETARY OF CORPORATIONS  
11 OCT 21 PM 3:15

FLORIDA INSTITUTE FOR LONG TERM CARE, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M03000002174

(Florida Document Number)

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.

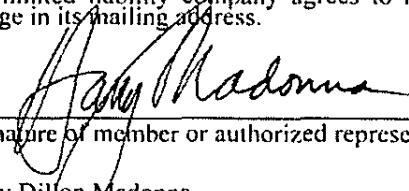
C/O PHS CORP. 1313 N. Market St. Ste. 5100

(Mailing address)

Wilmington, Delaware 19801

(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)

Harry Dillon Madonna

(Typed or printed name of signee)

Filing Fee: \$25.00