

MO3000002453

REINHARDT, WHITLEY,  
SUMMERLIN & PITTMAN, P.C.  
ATTORNEYS AT LAW  
P. O. DRAWER 1287  
TIFTON, GEORGIA 31793

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

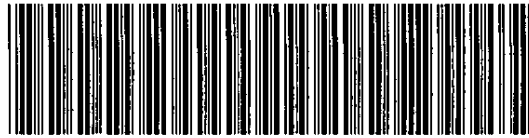
MO3-2453  
(Document Number)

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

Special Instructions to Filing Officer:

A. LUNT  
SEP 26 2008  
EXAMINER

Office Use Only



000135519160

09/16/08--01005--002 \*\*35.00

FILED  
2008 SEP 25 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2008

REINHARDT WHITLEY SUMMERLIN & PITTMAN, P.C.  
P.O. BOX 1287  
TIFTON, GA 31793

SUBJECT: LYMPHATIC WELLNESS CENTER, LLC  
Ref. Number: M03000002453

FILED  
2008 SEP 25 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for LYMPHATIC WELLNESS CENTER, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 908A00050495

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lymphatic Wellness Center, 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:

Rob Reinhardt

(Name of Person)

Reinhardt, Whitley, Summerlin & Pittman

(Firm/Company)

P.O. BOX 1287

(Address)

Tifton, GA 31793

(City/State and Zip Code)

For further information concerning this matter, please call:

Rob Reinhardt

(Name of Person)

at ( 229 ) 382-6135

(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

2008 SEP 25 P 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

Lymphatic Wellness Center, LLC

(Name of limited liability company)

Georgia

(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.

P.O. BOX 1287

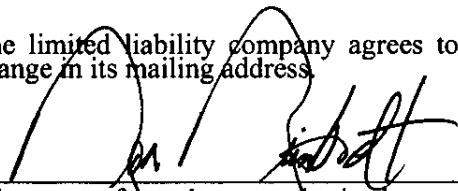
(Mailing address)

Tifton, GA 31793

(City/State/Zip)

**FILED**  
2008 SEP 25 P 1439  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)

Rob Reinhardt (Attorney for Lymphatic Wellness Center, LLC)

(Typed or printed name of signee)

**Filing Fee: \$25.00**