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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 604460 4304492

AUTHORIZATION :

*Patricia T. Tipton*

COST LIMIT : \$ 25.00

ORDER DATE : September 19, 2005

ORDER TIME : 4:09 PM

ORDER NO. : 604460-010

CUSTOMER NO: 4304492

CUSTOMER: Ms. Phyllis Kaplan  
Dla Piper Rudnick Gray Cary  
Suite 1800  
203 North Lasalle Street  
Chicago, IL 60601-1293

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FOREIGN FILINGS

NAME: SUNSHINE DENTAL RESOURCES,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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☐ CERTIFICATE OF STATUS

CONTACT PERSON: Sara Lea - EXT# 2914

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

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

SUNSHINE DENTAL RESOURCES, LLC  
(Name of limited liability company)

DELAWARE  
(Jurisdiction of its organization)

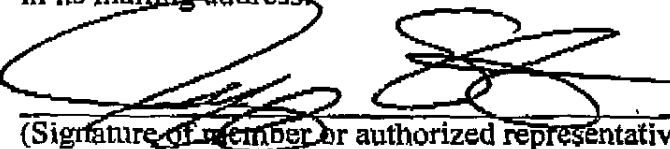
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

1200 NETWORK CENTRE DR., #2,  
(Mailing address)

EFFINGHAM, IL 62401  
(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)

JEFFREY B. STASER  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

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