

M03000003615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

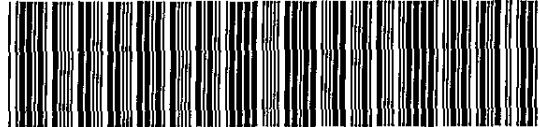
(Document Number)

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05 MAY 26 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
05 MAY 26 AM 11:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CT CORPORATION

May 26, 2005

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

FILED  
05 MAY 26 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Order #: 6372964 SO  
Customer Reference 1: CWP  
Customer Reference 2:

Dear Department of State, Florida:

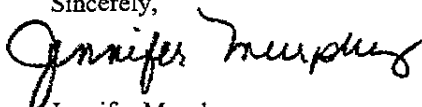
Please file the attached:

Prime Medical Staffing, LLC (NJ)  
Cancellation  
Florida

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

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

Sincerely,



Jennifer Murphy  
Fulfillment Specialist  
Jennifer\_Murphy@cch-lis.com

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

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

PRIME MEDICAL STAFFING, LLC  
(Name of limited liability company)

NEW JERSEY

(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.


155 NORTH WASHINGTON AVENUE

(Mailing address)

BERGENFIELD, NJ 07621

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

 5/13/05

(Signature of member or authorized representative of a member)

AUREO CAPIRAL MANAGING MEMBER

(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
05 MAY 26 PM 1:35  
TALLAHASSEE, FLORIDA  
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