

MO 4000000 1200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

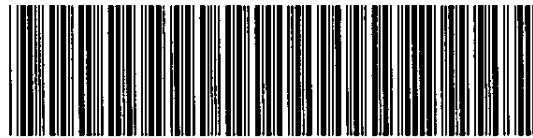
(Business Entity Name)

(Document Number)

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B. KOHR  
OCT 21 2010  
EXAMINER

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 550848 4350891  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

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ORDER DATE : October 21, 2010  
ORDER TIME : 11:05 AM  
ORDER NO. : 550848-010  
CUSTOMER NO: 4350891

FOREIGN FILINGS

NAME: VIZIA HEALTHCARE DESIGN  
GROUP, 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  
       CERTIFICATE OF STATUS

CONTACT PERSON: Matthew Young - EXT# 2962

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

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

VIZIA HEALTHCARE DESIGN GROUP, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

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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.

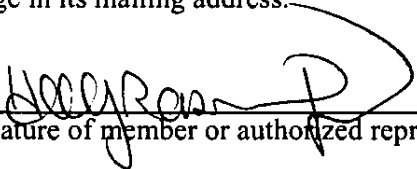
1000 Fianna Way

(Mailing address)

Fort Smith, AR 72919

(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)

Holly Rasmussen-Jones, Secretary

(Typed or printed name of signee)

**Filing Fee: \$25.00**