

MO4000001899

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Huntleigh Healthcare L.L.C.
(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:

Debbie Tubb

(Name of Person)

Huntleigh Healthcare L.L.C.
(Firm/Company)

Address on file:

40 Christopher Way
(Address)

Current Address:

2349 W. Lake St.
Suite 250

Eatontown, NJ 07724-3327 Addison, IL 60101
(City/State and Zip Code)

For further information concerning this matter, please call:

Debbie Tubb
(Name of Person)

at (630) 785-4459
(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

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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

* Check for \$70.00 submitted previously.
Correct amount should be \$25.00. Please
apply \$25.00 of original check to this request -
\$45.00 refunding.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2010

CHRIS ANDERSON
2349 W. LAKE STREET, SUITE 250
ADDISON, IL 60101

SUBJECT: HUNTLEIGH HEALTHCARE L.L.C.
Ref. Number: M04000001899

We have received your document for HUNTLEIGH HEALTHCARE L.L.C. and your check(s) totaling \$70.00. 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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 110A00019942

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Huntleigh Healthcare L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M 04000001899

(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.

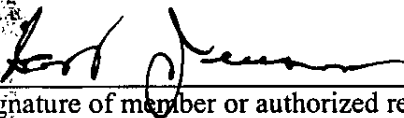
2349 W. Lake Street, Suite 250

(Mailing address)

Addison, IL 60101

(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)

Gary Jensen

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00