M04000002908

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SECRETARY OF STATE

G. HARVEY

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EXAMINER



HQM OF THERAPY, LLC

Jume 29, 2009

VIA OVERNIGHT MAIL

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Entity:

Entity: Document#: HQM of Therapy, LLC

M04000002908

Dear Sir/Madam:

Please accept this letter as notification that we would like to voluntarily dissolve the above mentioned entity. Please see enclosed check # 1110 to cover the expense of \$25.00 to dissolve the above mentioned entity.

If you have any questions, or require any additional information please do not hesitate to contact me.

Best Regards

Jazzmine Scott, Legal Assistant Home Quality Management, Inc.

/jjs

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: HQM Therapy, 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:
Jazzmine Scott
(Name of Person)
Home Quality Management, Inc.
(Firm/Company)
PO Box 31809
(Address)
Palm Beach Gardens
(City/State and Zip Code)
For further information concerning this matter, please call:
Jazzmine Scott at (561) 366-6600 X215
(Name of Person) (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 & \$55 Filing Fee & \$60 Filing Fee, Certificate of Status

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

HQM Therapy, 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.
PO Box 31809 (Mailing address)
Palm Beach Gardens, FI 33420 (City/State/Zip)
(City/State/21p)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
(Signature of months or authorized representative of a member)
Paul Walczak, CEO
(Typed or printed name of signee)

Filing Fee: \$25.00