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2005 JUN 24 P 2 33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 JUN 24 P 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

June 20, 2005

Florida Secretary of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL, 32314

RE: Withdrawal of Registration of foreign LLC: Cambio Health Solutions, LLC

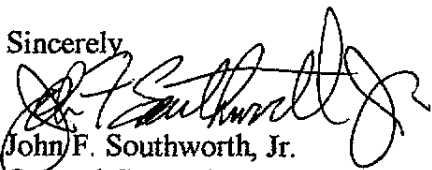
Dear Sir or Madam:

Enclosed please find for filing an Application for Withdrawal of Authority to Transact Business on behalf of the above referenced Delaware LLC.

Also enclosed is a check made payable to the Florida Department of State in the amount of \$25.00.

If you have any questions, you may reach me at the address and phone numbers indicated below. Thank you for your assistance in this matter.

Sincerely,



John F. Southworth, Jr.

General Counsel  
Cambio Health Solutions, LLC

Home Office Address:

1626 Gunston Hall Road

Hixson, TN, 37343

Home Office Phone: 423.847.3872

Home Office Fax: 423.847.0062

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

**FILED**

2005 JUN 24 P 2:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cambio Health Solutions, 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.

100 Westwood Place, Suite 350

(Mailing address)

Brentwood, TN, 37027

(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)

Robert R. Enkema

(Typed or printed name of signee)

**Filing Fee: \$25.00**