## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

; (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL GOODROE HEALTHCARE SOLUTIONS, LLC

Certificate of Status	0
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Help

1-83173

T. HAMPTON

Registration Section

TO:

## **COVER LETTER**

Division	of Corporations		
SUBJECT: Got	odroe Healtheare Solutions, LLC	low T (-1) ad T labilities C	<u> </u>
	(Name of For	ign Limited Liability C	company)
Dear Sir or Mada	m:		
The enclosed will	hdrawel and fec(s) are submitted	for filing.	
Please return all	correspondence concerning this	matter to the following:	
Denice Lint	on.		
	(Name of Person)	· · · · · · · · · · · · · · · · · · ·	
VHA Inc.			
1141 21101	(Firm/Company)		
290 E. John	Carpenter Freeway		
	(Address)		
	<b>4</b>		
Irving. TX	75062		
	(City/State and Zip Code	3)	
		_	·
For further inform	nation concerning this matter, pl	case call:	,
Denice Lin	uton.	at ( 972	N 830_0034
Denizes Bit	(Name of Person)		Daytime Tolephone Number)
	T/COURIER ADDRESS:		
	dion Section of Corporations	Registration Section Division of Corporations	
	Building	P.O. Box 6327	
	ecutive Center Circle	Tallahassee, Florida 32314	
Tallahos	isco, Florida 32301		
Enclosed is a ch	eck for the following amount:		
S25 Filing Fee	Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Goodroe Healtheare Solutions, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
03/27/2006
(Date registered with Florida Department of State)
M06000001832
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
K. Rowle Com
(Signature of authorized representative)
K. Randolph Pcak, H , Secretary
(Typed or printed name of signee)

Filing Fee: \$25.00