## #M06000004091

| (Requestor's Name)                      |             |
|---|-------------|
| (Address)                               |             |
| (Address)                               | <del></del> |
| (City/State/Zip/Phone #)                |             |
| PICK-UP WAIT                            | MAIL        |
| (Business Entity Name)                  |             |
| (Document Number)                       |             |
| Certified Copies Certificates of Statu  | ıs          |
| Special instructions to Filing Officer: |             |
|   |             |
|   |             |
|   | :           |

Office Use Only



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BEPARTMENT OF STATE

FILED
2014 JUN 19 AHII: 30

K. SALY EXAMINER

JUN 2 0 2014



ACCOUNT NO. : I2000000195 REFERENCE: 183255 4300043 AUTHORIZATION : COST LIMIT ORDER DATE: June 19, 2014 ORDER TIME : 9:23 AM ORDER NO. : 183255-020 CUSTOMER NO: 4300043 FOREIGN FILINGS NAME: THE HEALTHCARING CLINIC OF FLORIDA, 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: Emily Gray - EXT# 62925

EXAMINER:

FILED

2014 JUN 19 AM 11: 30

SLURETARY OF STATE FALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| THE HEALTHCARING CLINIC OF FLORIDA, LLC   |  |
|---|--|
| (Name of limited liability company)   |  |
| DELAWARE  |  |
| (Jurisdiction of its organization)  |  |
| JULY 21, 2006   |  |
| (Date registered with Florida Department of State)  |  |
| M06000004091  |  |
| (Florida Document Number)   |  |
| This limited liability company withdrawing its certificate of authority in this state.    |  |
| (Signature of authorized representative)  On a Correal  (Typed or printed name of signee) |  |

Filing Fee: \$25.00