

**MD6000004980**

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(Requestor's Name)

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(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

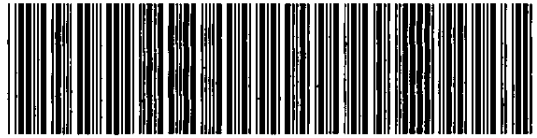
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2009 DEC 28 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**

**DEC 29 2009**

**EXAMINER**



UNITED STATES | ENGLAND | GERMANY | CHINA

MAURA M. COFFIN  
mcoffin@faegre.com  
303.447.7726

December 22, 2009

VIA CERTIFIED MAIL

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: ACT Clinical Research, LLC**

Ladies and Gentlemen:

Enclosed is an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida (the "**Application**") for filing with the Division of Corporations on behalf of ACT Clinical Research, LLC.

Also enclosed is a check in the principal amount of \$25 for the Application filing fee.

Please file stamp the extra enclosed copy of the Application and return it to the undersigned in the enclosed self-addressed return envelope.

Thank you in advance for your assistance. Please feel free to contact the undersigned at (303) 447-7726 with any questions regarding the foregoing.

Regards,

A handwritten signature in black ink, appearing to read "Maura M. Coffin".

Maura M. Coffin  
Senior Paralegal

Enclosures

cc: John R. Marcil, Esq.  
Ms. RoxAnn Mack

fb.us.4678564.01

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ACT Clinical Research Institute, 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:

RoxAnn D. Mack

(Name of Person)

Faegre & Benson LLP

(Firm/Company)

1900 Fifteenth Street

(Address)

Boulder, CO 80302

(City/State and Zip Code)

For further information concerning this matter, please call:

RoxAnn D. Mack

(Name of Person)

at ( 303 ) 447-7750

(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 & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

ACT Clinical Research Institute, LLC

(Name of limited liability company)

Delaware

MD6D000004980

(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.

860 Peachwood Drive

(Mailing address)

DeLand, FL 32720

(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)

Ben D. Trevathan

(Typed or printed name of signee)

Filing Fee: \$25.00

2009 DEC 28 PM 12:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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