

MO6000005003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

2011 MAY -2 AM 9:00

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cooperative Care Planning Services, 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:

Christian Brower  
(Name of Person)

CCPS  
(Firm/Company)

10560 Main St. Ste 309  
(Address)

Fairfax, VA 22030  
(City/State and Zip Code)

For further information concerning this matter, please call:

Christian Brower at (703) 338-2331  
(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 & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

RECEIVED  
TALLAHASSEE, FLORIDA

2011 MAY -2 AM 9:00

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

Cooperative CARE Planning Services  
(Name of limited liability company)

DE  
(Jurisdiction of its organization)

MO600005003  
(Florida Document Number)

2011 MAY -2 AM 9:08  
FILED  
TALLAHASSEE, FLORIDA


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.

10560 MAIN ST. STE 309  
(Mailing address)

FAIRFAX VA 22030  
(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)

CHRISTIAN BROWER  
(Typed or printed name of signee)

**Filing Fee: \$25.00**