

M0600000 5798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

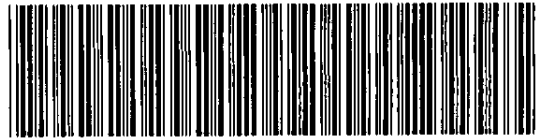
(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JAN 20 AM 10:52
CLERK OF STATE
TALLAHASSEE FL 32304

JAN 25 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Amedisys Hospice, L.L.C.

(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:

Monica L. Guidroz

(Name of Person)

Amedisys, Inc.

(Firm/Company)

5959 South Sherwood Forest Boulevard

(Address)

Baton Rouge, LA 70816-6038

(City/State and Zip Code)

For further information concerning this matter, please call:

Monica L. Guidroz

(Name of Person)

225

299-3693

at ()

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Amedisys Hospice, L.L.C.

(Name of limited liability company)

Louisiana

(Jurisdiction of its organization)

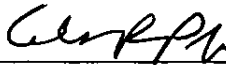
10/20/2006

(Date registered with Florida Department of State)

M06000005798

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Celeste R. Peiffer, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2016 JAN 20 AM 10:52
SOUTH FLORIDA
TALLAHASSEE FLORIDA