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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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W. PARRIE

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## CT

July 11, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10077447 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

HEARING SERVICES, LLC (DE) Cancellation Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## **COVER LETTER**

Division of O			
HEAF	RING SERVICES, LL	С	
SUBJECT.	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdra	wal and fee(s) are submitte	d for filing.	
Please return all corre	espondence concerning this	matter to the following	:
Lisa Ginensky			
<del></del>	(Name of Person)		
GN Hearing Ca	re Corporation		
	(Firm/Company)		
2601 Patriot Biv	d.		
	(Address)		
Glenview, IL 60	026		
	(City/State and Zip Cod	le)	
For further information	on concerning this matter, p	lease call:	
Lisa Ginensky		847	832-3745
(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of C Clifton Build 2661 Execut Tallahassee,	Corporations	Regist Divisio P.O. B Tallah	ANG ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314
<b>Z</b> \$25 Filing Fee	330 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

HEARING SERVICES, LLC
(Name of limited liability company)
DELAWARE
(Jurisdiction of its organization)
04/10/2007
(Date registered with Florida Department of State)
M0700002073
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
John Kasher
(Typed or printed name of signee)

Filing Fee: \$25.00

16 JUL 11 MH 8:51