

M07000006464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

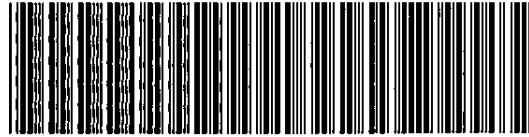
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400210816704

08/12/11--01018--008 **25.00

FILED
11 AUG 12 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 15 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LP CS CONSULTING COMPANY, 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:

DEIRDRE M. MCMANUS
(Name of Person)

SIGNATURE HEALTHCARE, LLC
(Firm/Company)

12201 BLUEGRASS PARKWAY
(Address)

LOUISVILLE, KY 40299-2361
(City/State and Zip Code)

FILED
11 AUG 12 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

DEIRDRE M. MCMANUS at (502) 568-7725
(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

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

LP CS CONSULTING COMPANY, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M07000006464

(Florida Document Number)

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.

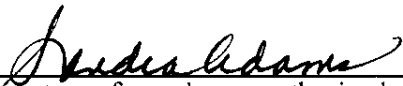
12201 BLUEGRASS PARKWAY

(Mailing address)

LOUISVILLE, KY 40299-2361

(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)

SANDRA ADAMS, VP

(Typed or printed name of signee)

11 AUG 12 PM 2:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00