

MO700VU06837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

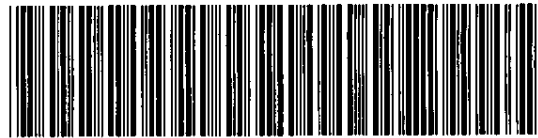
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JAN 12 2012

EXAMINER



400215476964

RECEIVED

12 JAN 12 PM 1:52

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 JAN 12 PM 2:52



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 058595 4319460
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 12 PM 2:52

ORDER DATE : January 12, 2012

ORDER TIME : 1:24 PM

ORDER NO. : 058595-005

CUSTOMER NO: 4319460

FOREIGN FILINGS

NAME: ASPIRE BARIATRICS, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

EXAMINER: _____

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

FILED
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DIVISION OF CORPORATIONS
12 JAN 12 PM 2:52

ASPIRE BARIATRICS, LLC
(Name of limited liability company)

DELAWARE
(Jurisdiction of its organization)

M07000006837
(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.

3604 Horizon Drive, Suite 200
(Mailing address)

King of Prussia, PA 19406
(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)

Katherine D. Crothall
(Typed or printed name of signee)

Filing Fee: \$25.00

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