

M08000000294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

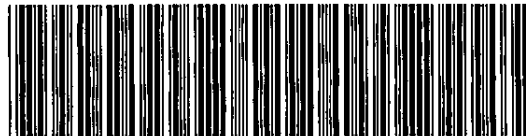
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 28 A 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

JUN 29 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARETENDERS MOBILE MEDICAL 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:

TODD LYLES

(Name of Person)

ALMOST FAMILY, INC.

(Firm/Company)

9510 ORMSBY STATION ROAD, SUITE 300

(Address)

LOUISVILLE, KY 40223

(City/State and Zip Code)

For further information concerning this matter, please call:

ADRIENNE RILEY

(Name of Person)

502

891-1014

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

CARETENDERS MOBILE MEDICAL SERVICES, LLC

(Name of limited liability company)

OHIO

(Jurisdiction of its organization)

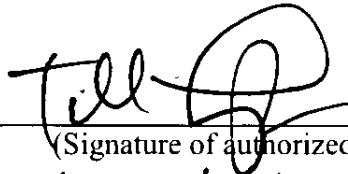
01/17/2008

(Date registered with Florida Department of State)

M08000000294

(Florida Document Number)

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



(Signature of authorized representative)

Todd Lyles

(Typed or printed name of signee)

SR Vice President

Filing Fee: \$25.00

FILED
2008 APR 28 AM 10:50
CLERK OF STATE
DEPARTMENT OF STATE
FLORIDA