

MD8000002400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

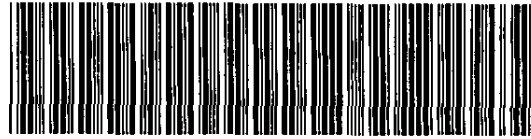
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700249740437

08/27/13--01008--010 \*\*7.50

700249740437  
07/15/13--01038--012 \*\*52.50

FILED

2013 AUG 26 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AUG 27 2013

D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 24, 2013

JAMES HARPER  
6 OFFICE PARK CIRCLE, SUITE 100  
BIRMINGHAM, AL 35223

SUBJECT: HEALTHCARE SERVICES MANAGEMENT COMPANY OF  
SOUTHWEST FLORIDA, LLC  
Ref. Number: M08000002400

We have received your document for HEALTHCARE SERVICES MANAGEMENT COMPANY OF SOUTHWEST FLORIDA, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$30 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 513A00017885

FILED  
2013 AUG 26 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

**TO:** Registration Section,  
Division of Corporations

**SUBJECT:** Healthcare Services Management Company of Southwest Florida, 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:

**James Harper**

(Name of Person)

**Reliant Healthcare, LLC**

(Firm/Company)

**6 Office Park Circle, Suite 100**

(Address)

**Birmingham, AL 35223**

(City/State and Zip Code)

**FILED**  
2013 AUG 26 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

For further information concerning this matter, please call:

**Dede Wood**

(Name of Person)

at ( **205** ) **795-3014**

(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

☒ *Other - See letter*

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

**Healthcare Services Company of Southwest Florida, LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

**M08000002400**

(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.

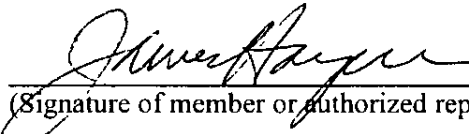
**6 Office Park Circle, Suite 100**

(Mailing address)

**Birmingham, AL 35223**

(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)

**James Harper**

(Typed or printed name of signee)

**FILED**  
2013 AUG 26 AM 11:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**Filing Fee: \$25.00**