M.0900000133

(Requestor's Name)					
(Address)					
(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:	\neg				

Office Use Only



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06/27/14--01028--018 **25.00

INTERPRETATION OF THE STATE OF



6.20.14

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

To Whom It May Concern:

Cascade Healthcare Services, LLC, a Washington state limited liability company (the "Company") is currently registered with the state of Florida to conduct business. The Company no longer conducts business in the state of Florida and does not anticipate at this time to continue conducting business in the state of Florida. Accordingly, enclosed is the Certificate of Withdrawal of Authority to Transact Business to dissolve the Company's standing as a foreign liability company in the state of Florida.

Thank you for your prompt attention to processing and dissolving the Company's standing as a qualified foreign limited liability company in the state of Florida.

Correction of the Contraction of

Managing Partner – Corporate Services

COVER LETTER

	istration S sion of C	Section orporations		
SUBJECT:	Casca	de Healthcare Servi	ces, LLC	
SOBSECT.		(Name of For	eign Limited Liability	Company)
Dear Sir or M	Iadam:			
The enclosed	withdray	al and fee(s) are submitted	d for filing.	
Please return	all corres	pondence concerning this	matter to the following	Ç
Jerry Saile	ег			
		(Name of Person)	-	-
Cascade I	Healtho	are Services		
		(Firm/Company)	· · · · · · ·	•
28610 Ma	iple Val	ley Hwy SE #100		_
	-	(Address)		-
Maple Val	lley, W	A 98038		
		(City/State and Zip Cod	(c)	•
For further in	formation	concerning this matter, p	lease call:	
Jerry Saile	er		425	432-9884
	(Nan	ne of Person)		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 fo	or 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

Cascade Healthcare Services, LLC	
(Name of limited liability company)	
Washington State	
(Jurisdiction of its organization)	
01/12/2009	
(Date registered with Florida Department of State)	
M0900000133	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state. Managing Partner Corporate Services (Signature of authorized representative) Jerry Sailer Jerry Sailer	
(Typed or printed name of signee)	JH27 54

Filing Fee: \$25.00