

MD9 00000 1153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

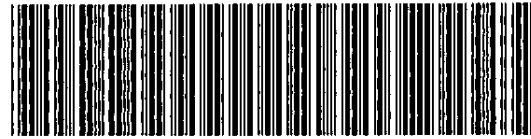
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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T. CLINE
OCT - 7 2011
EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 OCT - 6 11:07

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Compassion Fund of Clay, 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)

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 26 AM 11:07

FILED

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

Compassion Fund of Clay, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M09000001153

(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.

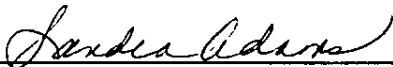
12201 Bluegrass Parkway

(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, V.P. & General Counsel

(Typed or printed name of signee)

FILED
2011 OCT -6 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00