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SECRETARY OF STATE
ALLAMASSEE, FLORIDA

TIME

COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: Com	passion Fund of Palm (Name of Fo	n Beach, LLC reign Limited Liability	Сотрапу)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	s matter to the following	3:	
Deirdre M. McM	1anus		_	
	(Name of Person)			
Signature Heal	thCARE, LLC		_	
	(Firm/Company)			
12201 Bluegra				
	(Address)			
Louisville, KY 4	10299-2361			
	(City/State and Zip Cod	le)	•	
For further informati	on concerning this matter, p	please call:		
Deirdre M. McN	⁄lanus	at (502	568-7725	
(N	ame of Person)		Daytime Telephone Number)	
Registration Division of Clifton Buil 2661 Execu	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check	for the following amount:			Dia
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Fee & Certified Copy	■ \$60 Filing Fee, Certificate of Status & Certified Copy	ECRETA!

10CT ±6 2011: 11

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

Compassion Fund of Palm Beach, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
M0900001166
(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)
(Walting addices)
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)

Filing Fee: \$25.00