

MIUUUUUU3026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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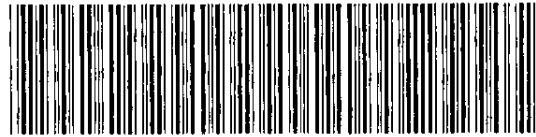
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 OCT - 7 PM 1:51
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

4104 UUU23850

FILED
10 OCT - 7 PM 3:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

B. KOHR

OCT - 8 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 534432 4308005

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
CLERK OF SUPERIOR COURT
DIVISION OF CORPORATIONS
10 OCT -7 PM 3:15

ORDER DATE : October 7, 2010

ORDER TIME : 10:51 AM

ORDER NO. : 534432-010

CUSTOMER NO: 4308005

FOREIGN FILINGS

NAME: ACCOMPLISH THERAPY LLC

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

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

FILED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
10 OCT -7 PM 3 15

Accomplish Therapy LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

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.

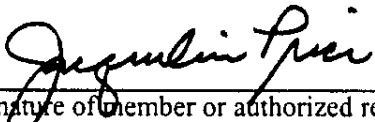
1675 Palm Beach Lakes Boulevard, Suite 900

(Mailing address)

West Palm Beach, FL 33401

(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)

Jacqueline Price
(Typed or printed name of signee)

Filing Fee: \$25.00