9/26/2016 Division of Corporations

M16000004070

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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Fax Number : (850)878-5368

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LLC DISSOLUTION OR WITHDRAWAL
VALESCENT HEALTH LLC

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D. BRUCE
SEP 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Valescent Health 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:

Carolyn Borgmeyer
(Name of Person)

Apria Healthcare Group Inc.
(Firm/Company)

26220 Enterprise Court
(Address)

Lake Forest, CA 92630
(City/State and Zip Code)

For further information concerning this matter, please call:

Carolyn Borgmeyer at (949) 639-4423
(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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Valescent Health LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

August 16, 2011

(Date registered with Florida Department of State)

M11000004070

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

(Signature of authorized representative)

Raoul Smyth, EVP, Apria Healthcare Group Inc., Sole Member

(Typed or printed name of signee)

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Filing Fee: $25.00