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 Phone : (850)205-8842

Phone : (850)205-8842 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL ACCOMPLISH THERAPYLLC

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COVER LETTER.

| TO: Registration Division o | on Section f Corporations | | | |
|---|---|------------------------------------|---|-------|
| SUBJECT: Acco | omplish Therapy LLC | | | |
| | (Name of Fo | oreign Limited Liability | Company) | |
| Dear Sir or Madam: | : | | | |
| The enclosed withd | rawal and fee(s) are submitt | ed for filing. | | |
| Please return all cor | respondence concerning thi | s matter to the following | g: | |
| Debra Coffman | n Howe | | | |
| | (Name of Person) | | _ | |
| Accomplish Th | erapy LLC | | | |
| | (Firm/Company) | * | - | فہ اس |
| 1665 Palm Bea | ach Lakes Boulevard | , Suite 1003 | | |
| | (Address) | | - | |
| West Palm Bea | ach, FL 33401 | | | |
| · · · · · · · · · · · · · · · · · · · | (City/State and Zip Co | ria) | - | |
| For further informat | ion concerning this matter, p | olease call: | | 8: 23 |
| Debra Coffmar |) Howe | 561 | 223-4161 | |
| (N | ame of Person) | | Daytime Telephone Numb | per) |
| Registration Division of Clifton Bui 2661 Execu | Corporations | Regis Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314 | |
| Enclosed is a check | for the following amount: | : | | |
| S25 Filing Fee | 2 \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | ☐ \$60 Filing Fœ, Certificate of Statu Certified Copy | s & |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| (Name of limited liability company) | |
|--|-------------|
| Detaware | |
| (Jurisdiction of its organization) | |
| October 26, 2011 | |
| (Date registered with Florida Department of State) | |
| W11000005396 | |
| (Florida Document Number) | |
| his limited liability company is withdrawing its certificate of authority in this state. | 78. |
| | 785 DOT |
| | |
| (Signature of althorized representative) | |
| | |
| Debra Coffman Howe | |
| (Typed or printed name of signee) | |
| | |

Filing Fee: \$25.00