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To:

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From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368

## LLC DISSOLUTION OR WITHDRAWAL HEALTHSOUTH REHABILITATION HOSPITAL OF POLK COUNTY,

Certificate of Status	0
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## COVER LETTER

TO: Registration Division of	n Section Corporations					
SUBJECT: Health	South Rehabititation Hospit					
	(Name of Pol	reign Limited Liability	Company)			
Dear Sir or Madam:						
The enclosed withdr	awal and fcc(s) are submitte	d for filing.				
Please return all con	respondence concerning this	matter to the following	#			
Susan Lester				7-1 1-1		
	(Name of Person)		-		13 <del>⊼</del>	
HealthSouth Rehabi	ilitation Hospital of Polk Co	unty, LLC	•	ASS	3 MAY 17 AM I Is to	*** ***
	(Firm/Company)		-	がが	<b>A</b>	The second
3660 Grandview Pa	rkway, Suite 200		_	NOTE STATE	ज इ.	Č
	(Address)			क्याताः ३५		
Birmingham, AL 3:	5243					
<u> </u>	(City/State and Zip Coo	ie)	-			
For further informat	ion concerning this matter, p	ole <b>ese cali</b> :				
Susan Lester		205	970-3474			
	ame of Person)	st ( (Area Code d	Daytime Telephone Number)			
Registratio Division of Clifton Bui 2661 Exec	Corporations	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	Ca \$55 Filing Pee & Certified Copy	<ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>			

FL079 - 12/03/2012 Welters Klewer Online

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

HealthSouth Rehabilitation Hospital of Polk County, LLC	
(Name of limited liability company)	<del>2,</del>
Delaware	
(Jurisdiction of its organization)	
M12000003998	
(Florida Document Number)	
This limited liability company is no longer transacting business in Florida and surrende authority to transact business in this state.	us its
This limited liability company revokes the authority of its registered agent to accept service behalf and appoints the Department of State as its agent for service of process based on a of action arising during the time it was authorized to transact business in Florida.	on its cause
3660 Grandview Parkway, Suite 200	
(Mailing address)	
Birmingham, AL 25243	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future of any c in its mailing address.	:hange
Que P. mills	
(Signature of member or authorized representative of a member)	
John P. Whittington Vice President and Secretary	
(Typed or printed name of signee)	

Filing Fee: \$25.00