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COVER LETTER

Division o	f Corporations		
SUBJECT: Land	ds Health, LLC		
50B3EC1.	(Name of For	eign Limited Liability (Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all co.	rrespondence concerning this	matter to the following:	
Ray Peterson			
	(Name of Person)		
Lands Health			
	(Firm/Company)		
3817 S. Elmw	ood Ave		
	(Address)		
Sioux Falls, S	D 57105		
	(City/State and Zip Cod	le)	
For further informa	tion concerning this matter, p	lease call:	
Ray Peterson		605	978-2106
()	Name of Person)	(Area Code &) Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	ee, Florida 32301	1 anan	assee, Florida 32314
Enclosed is a chec	k 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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lands Health, LLC	
(Name of limited liability company)	_
South Dakota	
(Jurisdiction of its organization)	_
9/7/2012	
(Date registered with Florida Department of State)	_
M12000005055	
(Florida Document Number)	_
This limited liability company is withdrawing its certificate of authority in this state.	
man he	
(Signature of authorized representative)	
Ray Peterson	
(Typed or printed name of signee)	

Filing Fee: \$25.00