M12000006803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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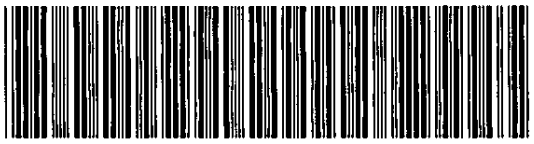

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10/30/15--01007--015 **25.00

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D. BRUCE

Wolters Kluwer 2075 Centre Pointe Boulevard, Tallahassee, FL, 32308 850-205-8842

INVACARE OUTCOMES MANAGEMENT LLC

M12000006803

Thank you!

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TALLAHASSEE, FLORIDA

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	**(X) Dissolution/Withdrawal** ( ) Reinstatement	( ) Mark
( ) Limited Partnership **(X) LLC** **Withdrawal**	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) UCC
() Certified Copy	() Photocopies	() CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	(x) Pick Up

Name 10/30/2015 Order#:
Availability _____ **9734181**
Document **ST**
Examiner _____ Ref#: ___
Updater _____
Verifier _____
W.P. Verifier _____ Amount: $ ___

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Invacare Outcomes Management 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:

_____
(Name of Person)

_____
(Firm/Company)

_____
(Address)

_____
(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Invacare Outcomes Management LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

12/07/2012
(Date registered with Florida Department of State)

M12000006803
(Florida Document Number)

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

(Signature of authorized representative)

Lisa Gilpin, Secretary of Member
(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: $25.00