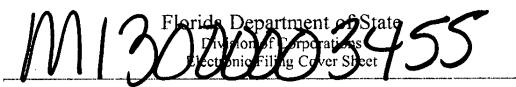
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations : (850)617-6383 Fax Number From: : C T CORPORATION SYSTEM Account Name Account Number : FCA000000023 Phone Fax Number LLC DISSOLUTION OR WITHDRAWAL ACCOMPLISH THERAPY STAFFING COMPANY LLC Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$30.00

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## COVER LETTER

TO: Registration Division of	n Section Corporations			
SUBJECT: Acco	mplish Therapy Staff	ing Company LL	С	
	(Name of Fo	reign Limited Liability	y Company)	<del></del>
Dear Sir or Madam:		·		
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	espondence concerning this	mutter to the following	ng:	
Debra Coffman	Howe			
	(Name of Person)	_		
Accomplish The	erapy Staffing Compa			
	(Firm/Company)		_	
1665 Palm Beach Lakes Boulevard, Suite 1003				
	(Address)		_	
West Palm Bea	West Palm Beach, FL 33401			E S
***	(City/State and Zip Coo	le)	<b></b>	
For further information concerning this matter, please call:				
Debra Coffman	Howe	561	223-4161	8: 2 ORID
(Na	ame of Person)		& Daytime Telephone Nu	mber) 5>
Registration Section Regis Division of Corporations Divis Cliston Building P.O. E		ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314		
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	Ca \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Sta Certified Copy	itus &

1.0

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Lidonia Luciali	Name of limited	Hability company)		
	Ve hannen as breeze in	- manney company)		
Delaware				
***************************************	(Jurisdiction o	f (ts organization)		
May 31, 2013				
<del></del>	(Date registered with Fi	orida Department of	State)	
M13000003455				
<del></del>	(Florida Doc	ument Number)	<del></del>	<del></del>
This limited liability co	mpany is withdrawing it	s certificate of auti	hority in this state	
" · 7.	,			
	il.	1	11	哥哥
	I DEM I	Howar	* HOW	
	(Signature of aut	hofized scoresental	tive)	
Debra (	Coffman Howe			
4-2-3-4-4	(Typed or prin	ited name of signe	e)	G . Q
	C-Altra or brus		-a.	一路景 人

Filing Fee: \$25.00