Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

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## LLC DISSOLUTION OR WITHDRAWAL TRANSITIONAL HEALTH SOLUTIONS LLC

Certificate of Status	0
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K. SILLY EXAMINER

JAN - 5

## **COVER LETTER**

	on Section of Corporations				
Tran	sitional Health Solutions LL	С			
SUBJECT:	(Name of Fo	oreign Limited Lia	bility C	отрапу)	
Dear Sir or Madan	1:				
The enclosed with	drawal and fee(s) are submitt	ed for filing.			
Please return all co	rrespondence concerning thi	s matter to the foll	lowing:		
Regina Braman					
	(Name of Person)	W. W			
O'Melveny & Mye	ers LLP				
	(Firm/Company)		,,,,		
610 Newport Cent	er Drive, Suite 1700				
····	(Address)				
Newport Beach, C	A 92660				
	(City/State and Zip Cod	de)			
For further informa	tion concerning this matter, p	olease call:			
Regina Braman		949 at (	,	823-6906	
()	Name of Person)		Code & D	aytime Telephone Number)	<del></del>
Registration Division of Clifton Bu 2661 Exec Tallahasse	f Corporations	1 1 1	Registra Division P.O. Box	NG ADDRESS: tion Section of Corporations x 6327 sec, Florida 32314	
3 \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fe Certified Cop		□ \$60 Filing Fee, Certificate of Status & Certified Copy	

1/4/2016 1:51:40 PM From: To: 8506176383( 3/3 )

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2016 JAN -4 AM 10: 47

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Transitional Health Solutions LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
07/18/2013	
(Date registered with Plorida Department of State)	
M13000004532	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	

TRANSITIONAL HEALTH SOLUTIONS LLC, ¶ a Delaware limited liability company¶

FALCK SOUTHEAST-II-CORP., "
a Delaware corporation"

Its Sole Member

Byr→

Eric Croft Chief Financial Officer

Chief-Financial-Officer

Brian M. Richmond

Secretary?

Dated: December 31, 2015

Filing Fee: \$25.00