

M1400000687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

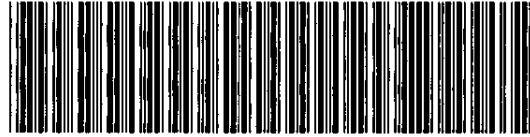
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 09 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 19, 2016

AARON GUNDERSON
HO-CHUNK SHARED SERVICES
1404 FORT CROOK ROAD SOUTH
BELLEVUE, NE 68005

SUBJECT: PROTEGE HEALTH SERVICES, LLC
Ref. Number: M14000006957

We have received your document for PROTEGE HEALTH SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 616A00001154

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TALLAHASSEE, FLORIDA



03 February 2016

Florida Department of State
Registration Section
Division of Corporations
Attn: Ms. Shelia H. Young
P.O. Box 6327
Tallahassee, FL 32314

RE: Withdrawal of Protégé Health Services, LLC

Ms. Young,

We had previously sent in an application (reference number M14000006957) for withdrawal by a foreign corporation on behalf of Protégé Health Services, LLC along with a \$35.00 check for the filing fee. I have included a copy for reference. This was the incorrect application as Protégé Health Services is a limited liability company, not a corporation.

The application which should have been sent was for withdrawal of certificate of authority for a limited liability company. I have completed and included a copy of this application with this letter. You may use a portion of the \$35.00 check we had previously sent in to cover the \$25.00 fee on the new application. Please return the unused balance to my attention at 1404 Fort Crook Road South, Bellevue, NE 68005. If you have any questions please call me at 402-983-9519 or send an email to agunderson@hochunkshareservices.com.

Sincerely,

A handwritten signature in black ink, appearing to read "AG", is written over a horizontal line.

Aaron Gunderson
Assistant Corporate Counsel

Enclosures:

- Letter dated 01/19/16 with returned application for withdrawal
- New Cover letter and notice of withdrawal of certificate of authority

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Protege Health Services, 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:

Aaron Gunderson
(Name of Person)

Ho-Chunk Shared Services
(Firm/Company)

1404 Fort Crook Road South
(Address)

Bellevue, NE 68005
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Gunderson at (402) 983-9519
(Name of Person) (Area Code & Daytime Telephone Number)

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

☒ N/A - already sent check in
Please apply to \$25.00 filing fee

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TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Protege Health Services, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

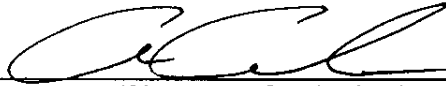
09/26/2014

(Date registered with Florida Department of State)

M14000006957

(Florida Document Number)

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



(Signature of authorized representative)

Aaron Gunderson

(Typed or printed name of signee)

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Filing Fee: \$25.00