

M14000007137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

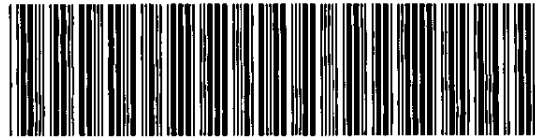
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
15 JUN 12 AM 10:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 2015

J SHIVERS

ACCOUNT NO. : I20000000195

REFERENCE : 667594 109186B

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : June 12, 2015

ORDER TIME : 3:17 PM

ORDER NO. : 667594-010

CUSTOMER NO: 109186B

FOREIGN FILINGS

NAME: PORT CHARLOTTE HOME CARE  
SERVICES, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Port Charlotte Home Care 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:

CSC

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Schneller                      615                      465-7712  
\_\_\_\_\_  
(Name of Person)                      at (                      )                      (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:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Port Charlotte Home Care Services, LLC

(Name of limited liability company)

Florida

(Jurisdiction of its organization)

10/02/2014

(Date registered with Florida Department of State)

M14000007137

(Florida Document Number)

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



(Signature of authorized representative)

Rachel A. Seifert, EVP & Secretary

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN 12 AM 10:28

FILED

Filing Fee: \$25.00