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Florida Department of State
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Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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LLC DISSOLUTION OR WITHDRAWAL
INTEGRATED HEALTH SOLUTIONS OF FLORIDA, LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Integrated Health Solutions of Florida, 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 Hill
(Name of Person)

DLA Piper LLP (US)
(Firm/Company)

500 8th St. NW
(Address)

Washington, DC 20004
(City/State and Zip Code)

For further information concerning this matter, please call:

aaron.hill@dlapiper.com at (202) 799-4219
(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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Integrated Health Solutions of Florida, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/06/2015

(Date registered with Florida Department of State)

M15000003535

(Florida Document Number)

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

(Signature of authorized representative)

Manu Sekhri, CEO

(Typed or printed name of signee)

Filing Fee: $25.00

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TALLAHASSEE, FLORIDA