

M23000000988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

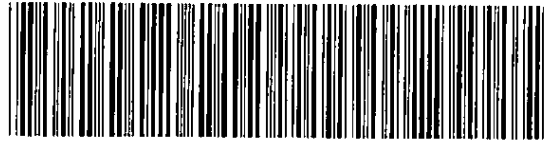
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200430638982

FILED

2024 JUN 19 AM 9:38

TALLAHASSEE, FLORIDA

RECORDED

2024 JUN 19 AM 11:13

TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext:
Date: 06/18/24
Order #: 1539297-1
Re: Paragon Outpatient Rehabilitation Services, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.0 - FL State Account Number:
120000000195

AUTH

A handwritten signature in black ink, appearing to read 'Shauna Godbolt', is written over the 'AUTH' line and extends to the right.

Please take the following action:

File in your office on basis
Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Paragon Outpatient Rehabilitation 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:

(Name of Person)

Paragon Outpatient Rehabilitation Services, LLC

(Firm/Company)

303 N. Hurstbourne Parkway, Suite 200

(Address)

Louisville, KY 40222

(City/State and Zip Code)

For further information concerning this matter, please call:

Cindy Brown _____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Paragon Outpatient Rehabilitation Services, LLC

(Name of limited liability company)

Indiana

(Jurisdiction of its organization)

01/25/2023

(Date registered with Florida Department of State)

M23000000988

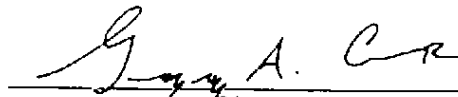
(Florida Document Number)

FILED
2024 JUN 19 AM 9:38
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Gregory A. Conner, SVP - Treasurer

(Typed or printed name of signee)

Filing Fee: \$25.00

WD-7031