## Document Number Only OOOOOS64

CT Corporation System	n -				
Requestor's Name					
660 East Jefferson St	reet				
Address	÷				
	(850)222-1092	7000030783974 -12/22/9901085007 *****25.00 ******25.00			
City State Zip	Phone				
CORPORAT	ION(S) NAME		***************************************		
			M95-3	64	
				·	
Mounton medical	Leasing, UC			(/2,	
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	<del>- i</del> ge	<b>8</b> (2/77	
() Profit			≥₹		
() NonProfit	() Amendme	() Amendment		22	
() Foreign	Ø Dissolution	n/Withdrawal	() Marking	₹ 🖰	
() Limited Partnership	() Annual Report		() Othe声感c	<b>E</b> iling	
() Reinstatement () Rese		าก	() Change of		
() Certified Copy	() Photo Cor	nies	() Fic No	ame	
() Certified Copy	() (1000 00)	лов	() 000	<u> </u>	
() Call When Ready	() Call if Prot			·	
∰ Walk In	() Will Wait	<b>16</b> .4	籡 Pick Up		
() Mail Out			_,=	T	
Name			PS:	9	
Availability					
Document	**	Please	e Return Extra Le Stamped To	d Copies	
Examiner	In 1	F1.	Le Stamped IC		
Updater	12/22	75		i of o	
Verifier	•	Jer	frey Bulters	2 <b>Q</b> 3 1-11	
Acknowledgment			S		
W.P. Verifler	-		,		
<u> </u>	-	= := =	:		

CR2E031 (1-89)

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

Monitor Medical Leasing, LLC			
(Name of limited liability company)			_
North Carolina			
(Jurisdiction of its organization)			-
This limited liability company is no longer transacting business in Florida and stauthority to transact business in this state.	urrende	ers its	}
This limited liability company revokes the authority of its registered agent to accept spehalf and appoints the Department of State as its agent for service of process base of action arising during the time it was authorized to transact business in Florida.	ervice d on a	on its	; <b>;</b>
c/o Critical Care Concepts, Inc. 3135 Avalon Ridge Place, Suite 200 (Mailing address)	_		
Norcross, Georgia 30071			
(City/State/Zip)			
The limited liability company agrees to notify the Department of State in the future of n its mailing address.	f any cl	hange	;
CRITICAL CARE CONCEPTS, INC., sole member	TALL	990	
Signature of member or authorized representative of a member)	AHAS	DEC 22	
R. Lee Robinson, Secretary			-
(Typed or printed name of signee)	EFLORID	PH 2: 24	J
	$\overline{\omega}$	÷	

Filing Fee: \$52.50