

Document Number Only

M96000000117

CT Corporation System

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City State Zip Phone

CORPORATION(S) NAME

200002957402--5

-08/11/99--01076--024

*****35.00 *****35.00

200002957402--5

-08/16/99--01001--009

*****17.50 *****17.50

Simmons Healthcare, L.L.C.

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ LLC

☒ Dissolution/Withdrawal

☐ Mark

☐ Limited Partnership

☐ Reinstatement

☐ Annual Report

☐ Reservation

☐ Other UCC Filing

☐ Change of R.A.

☐ Certified Copy

☐ Photo Copies

☐ EIC Name

☐ CUS

☐ Call When Ready

☒ Walk In

☒ Mail Out

☐ Call if Problem

☐ Will Wait

☐ After 4:30

☒ Pick Up

Name
Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

Please Return Extra Copies
File Stamped To:

Jeffrey Butterfield



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

August 12, 1999

CT CORPORATION SYSTEM

SUBJECT: SIMMONDS HEALTHCARE, L.L.C.
Ref. Number: M96000000117

We have received your document for SIMMONDS HEALTHCARE, L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file this document is \$52.50. For each certified copy requested, please add an additional \$52.50.

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) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 999A00040717

ATTN: *↑*
Please Recheck and
THANKS

FILED
99 AUG 11 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SIMMONDS HEALTHCARE, L.L.C.

(Name of limited liability company)

Washington

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

8 Olympia Field Drive

(Mailing address)

Pekin, Illinois 61554

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Michael L. Griffin, Manager

Michael L Griffin

(Typed or printed name of signee)

FILED
99 AUG 11 PM 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$52.50