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02 DEC 17 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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12/17/02--01039--009 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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SECRETARY OF STA
TALLAHASSEE, FLOR

December 17, 2002

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

Re: Order #: 5738023 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

Professional Practice Capital, L.L.C. (IL)
Cancellation
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at
(850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton
Sr. Fulfillment Specialist
Jeff_Netherton@cch-lis.com

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

File First

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

FILE
02 DEC 17 1
TALLAHASSEE,

Professional Practice Capital, L.L.C.

(Name of limited liability company)

Illinois

(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.

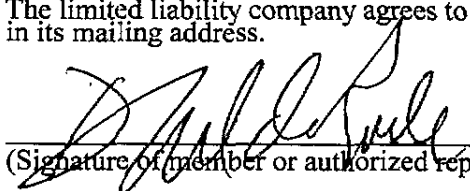
25132 Oakhurst Drive, Suite 100

(Mailing address)

Spring, Texas 77386

(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)

Fred DeRoode

(Typed or printed name of signee)

Filing Fee: \$25.00