

1799000001408

Philip M. Rees

Wellington Health Care Services, L.L.C.

700 Old Roswell Lakes Pkwy, Ste 300

Address

Roswell, Ga 30076

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)

2. _____ (Corporation Name) _____ (Document #)

3. _____ (Corporation Name) _____ (Document #)

4. _____ (Corporation Name) _____ (Document #)

☐ Walk in

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☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

Name
Availability

OTHER FILINGS

Document Examiner ☐ Annual Report
Updater ☐ Fictitious Name

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier (7/97) DCC

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

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*****25.00 *****25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 AUG -5 PM 2:18

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Examiner's Initials

2 pages

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

Wellington Heathcare Properties, LLC
(Name of limited liability company)

Georgia
(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.

700 dd Roswell Lakes Parkway, Suite 300
(Mailing address)

Roswell, GA 30076
(City/State/Zip)

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

Philip M. Roes
(Signature of member or authorized representative of a member)

Philip M. Roes
(Typed or printed name of signee)

Filing Fee: \$25.00

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