135842

(F	Requestor's Name)	
(A	Address)	
A)	Address)	
(0	City/State/Zip/Phone	<i>→</i> #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Nam	ne)
(C	Occument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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withdrawd





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PORATION SERVICE COMPANY.

ACCOUNT NO. : 072100000032

REFERENCE : 691645 4349059

AUTHORIZATION: July Rescett

COST LIMIT : \$ 35.00

ORDER DATE: November 4, 2005

ORDER TIME : 9:40 AM

ORDER NO. : 691645-030

CUSTOMER NO: 4349059

FOREIGN FILINGS

NAME: LFC HEALTH FINANCE CORPORATION

XX CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Amanda Haddan - EXT# 2955

EXAMINER:

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

	LFC Health Finance Corporation
	(Name of Corporation)
_	(Document Number of Corporation (if known)
1	Delaware Quick
_	(Incorporated Under Laws of)
	oration is no longer transacting business or conducting affairs within the State of Florida and hereby surrenders its authority to transact business or conduct affairs in Florida.
appoints th	pration revokes the authority of its registered agent in Florida to accept service on its behalf and the Department of State as its agent for service of process based on a cause of action arising during the authorized to transact business or conduct affairs in Florida.
The follow	ring is a current mailing address for the corporation:
Т	Fextron Financial Corporation, 40 Westminster Street
_	(Mailing Address)
P	Providence, RI 02903
	(City/ State /Zip)
The corpor	ration agrees to notify the Department of State in the future of any change in its mailing address.
(Sign	Var part Azac Cot Ass Sec. 11-2-05 planure of a director/president of other officer - if in the hands of a (Date) eiver-or other court appointed liduciary, by that fiduciary)
	Margaret R. Hoyes-Cote Asso, Secretary (Timed by printed name of person signing) (Title of person signing)

FILING FEE \$35