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(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Busin	ness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Fil	ng Officer:	



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SECRETARY OF STATE



ION SERVICE COMPANY
ACCOUNT NO. : 072100000032
REFERENCE : 323293 5168766
AUTHORIZATION THE BELLENA TO THE STATE OF TH
ACCOUNT NO.: 072100000032 REFERENCE: 323293 5168766 AUTHORIZATION COST LIMIT: \$25.00
ORDER DATE: November 16, 2007
ORDER TIME: 9:09 AM
ORDER NO. : 323293-015
CUSTOMER NO: 5168766
FOREIGN FILINGS NAME: 1101 54TH STREET LLC
CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY
XXXX WITHDRAWAL/CANCELLATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY YX PLAIN STAMPED COPY CERTIFICATE OF STATUS
CONTACT PERSON: Kelly Courtney - EXT# 2916
EXAMINER:

	•
APPLICATION BY FOREIGN LIMITED LIABILITY COM WITHDRAWAL OF AUTHORITY TO TRANSACT BUSI FLORIDA	PANY FOR INESS IN CARROLL STATE OF THE PARTY
	16/2 2 O
1101 54th Street LLC	4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4
(Name of limited liability company)	
Delamara	The state of the s
Delaware (Jurisdiction of its organization)	7
This limited liability company revokes the authority of its registered agent to a its behalf and appoints the Department of State as its agent for service of precause of action arising during the time it was authorized to transact business in F	accept service on ocess based on a lorida.
c/o Greystone Healthcare Management Corp.	
3922 Coconut Palm Drive, Suite 102 (Mailing address)	
· (waning address)	
Tampa, FL 33619	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	he future of any
Lorie Delles	
(Signature of member or authorized representative of a member)	•
Bonnie Dublin	
(Typed or printed name of signee)	

Filing Fee: \$25.00