

MI50000475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

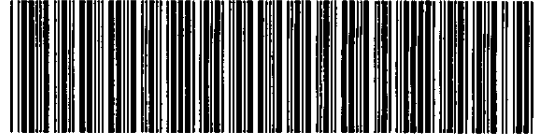
(Document Number)

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TALLAHASSEE, FLORIDA

2015 DEC 10 P 2:33

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DEC 11 2015
J. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC 11 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 3, 2015

LISSETTE VAZQUEZ
333 S.E. 2ND AVENUE, SUITE 2000
MIAMI, FL 33131

SUBJECT: GH ADVISORS, LLC
Ref. Number: M15000004298

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

You failed to make the correction(s) requested in our previous letter.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 615A00023221

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GH Advisors, LLC
(Name of Limited Liability Company)

DOCUMENT NUMBER: H15000004298

The enclosed *Resolution of the members, managers, or other authorized persons to Withdraw the Alternate name for use in Florida* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lissette Vazquez
(Name of Contact Person)

Global Healthcare Advisors, LLC
(Firm/Company)

333 S.E. 2nd Ave., Suite 2000
(Address)

Miami, FL 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

Lissette Vazquez at (786) 871-3397
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

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TALLAHASSEE, FLORIDA

FILED

Enclosed is a check made payable to the Florida Department of State for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (Additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RESOLUTION TO WITHDRAW
ALTERNATE NAME IN THE STATE OF
FLORIDA PURSUANT TO
605.0906 (1), FLORIDA STATUTES**

I, the undersigned, do hereby certify that I am the Authorized Person of

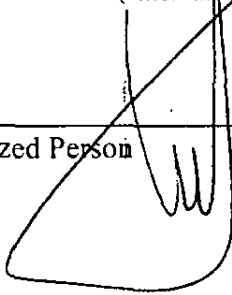
Global Healthcare Advisors, LLC, a limited liability
(Name of Limited Liability Company)

company duly organized and existing under the laws of Delaware
(State or Country of Organization)

Because the name of this foreign limited liability company now satisfies the requirements of s. 605.0112, Florida Statutes, the limited liability company hereby renounces the following alternate name in the state of Florida:

GH Advisors, LLC
(Alternate Name Renounced in State of Florida)

Signature of Authorized Person



Date

12/2/2015

Make check payable to Florida Department of State and mail
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE
FLORIDA

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