

853478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

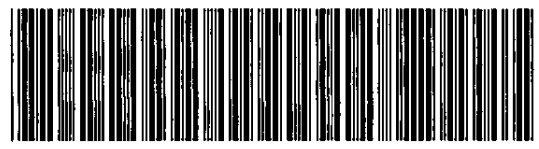
(Document Number)

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WJD
APR 21 2016
R. WHITE

FILED
16 APR 20 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 7, 2016

KENNETH P. GUMMELS
PO BOX 27790
PANAMA CITY, FL 32411

SUBJECT: BROOKWOOD-WASHINGTON COUNTY CONVALESCENT
CENTER, INC.
Ref. Number: 853478

We have received your document for BROOKWOOD-WASHINGTON COUNTY CONVALESCENT CENTER, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Dissolution to dissolve a Florida domestic corporation have been submitted in error. A withdrawal application must be filed to withdraw the authority of a foreign corporation in Florida.

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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 416A00007179

RECEIVED
16 APR 20 PM 5:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Brookwood-Washington County Convalescent Center, Inc.
(Name of Corporation)

DOCUMENT NUMBER: 853478

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

Kenneth P. Gummels, President

(Name of Person)

Brookwood-Washington County Convalescent Center, Inc.

(Firm/Company)

PO Box 27790

(Address)

Panama City, FL 32411-7790

(City/State and Zip code)

For further information concerning this matter, please call:

Kenneth Gummels

at (850) 233-8800

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee,
Sent previously Certificate of Status Certified Copy Certificate of Status & Certified
(Additional copy is Enclosed) Copy (Additional copy is enclosed)

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL.32314

STREET ADDRESS:

Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL. 32301

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

Brookwood-Washington County Convalescent Center, Inc.

(Name of Corporation)

853478

(Document Number of Corporation (if known))

Georgia

(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the corporation:

PO Box 27790

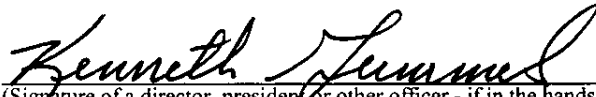
(Mailing Address)

Panama City, FL 32411-7790

(City/ State /Zip)

FILED
16 APR 20 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

April 14, 2016

(Date)

Kenneth P. Gummels

(Typed or printed name of person signing)

President

(Title of person signing)

FILING FEE \$35