

F05000007260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

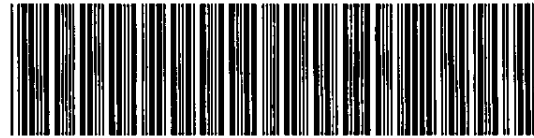
(Document Number)

Certified Copies _____

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Withdrawal

01/17/14--01006--020 **35.00

FILED
2014 FEB 24 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DR
2/24/14

X00789 04077 00671



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

Alecil Kilgour
HGI Healthcare
16405-G2 Northcross Drive
Huntersville, NC 28078

SUBJECT: HGI HEALTHCARE INC.
Ref. Number: F05000007260

We have received your document for HGI HEALTHCARE 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.

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.

Annette Ramsey
Regulatory Specialist II

Letter Number: 814A00001704

RECEIVED
14 FEB 24 AM 11:52
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

DOCUMENT NUMBER: _____

The enclosed _____ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGEL LINGOUR

(Name of Contact Person)

HGI HEALTHCARE

(Firm/Company)

16405-B2 NORTHROSS DR

(Address)

HUNTERSVILLE NC 28078

(City/State and Zip Code)

For further information concerning this matter, please call:

ANGEL LINGOUR

(Name of Contact Person)

at (704) 996 8193

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

2014 FEB 24 PM 4:13

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

~~HCI Healthcare, Inc.~~

~~16405-G2 Northcross Drive~~ (Name of Corporation)
~~Huntersville, NC 28078-5005~~

~~HCI Healthcare, Inc.~~

~~16405-G2 Northcross Drive~~
~~Huntersville, NC 28078-5005~~

(Document Number of Corporation (if known))

North Carolina

(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:

20617 BETHELWOOD LANE

(Mailing Address)

CORNELLUS, NC 28031-7039

(City/ State /Zip)

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

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

2/1/14
(Date)

ANGEL KILGUSON
(Typed or printed name of person signing)

Co. Sec.
(Title of person signing)

FILING FEE \$35