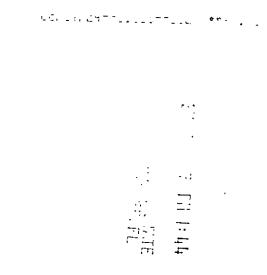


(Requestor's Name)	
(Address)	
(Houress)	
(Åddress)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(D. )	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



800434320978



ES/07/24

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: COURTLAND H	TEALTH CARE PROPER	THE, INC.
DOCUMENT NUMBER:	(Name of Corporation) 7 0 0 0 0 0 0 2 3 6 9	
The enclosed withdrawal application ar	nd fee are submitted for filing.	
Please return all correspondence concerni	_	
TAMARA L	Name of Person)	
Apveni	(Name of Person)	7 Pd
200 Hope	(Firm/Company) WAY	3.74 1.14
ALTAMONTE.	(Address)  SPRINGS, FL 3.  (City/State and Zip code)	2714
For further information concerning this management of the second of the	natter, please call:  at ( <u>407</u> <u>357</u> (Area Code & Dayti	2304
(Name of Person)  Enclosed is a check for the amount:  \$35 Filing Fee  \$343.75 Filing Fee & Certificate of Status	& □ \$43.75 Filing Fee & □ \$52 s Certified Copy Certi	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee

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

COURTLAND HEALTH CARE PROPERTIES, INC.
F0700000 2309
(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)
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: $9.60  \text{Ho}  \text{Re}  \text{In A.U}$
ALTAMONTE SPRINGS FL 32714 = (City/ State /Zip)
The corporation agrees to notify the Department of State in the future of any change in its mailing address.    Compared to a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)   (Date)
LYNN ADDISOUTT ASSISTMT SECRETURY  (Typed or printed name of person signing)  (Title of person signing)

FILING FEE \$35