

F080000000145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

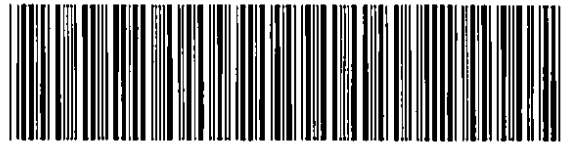
(Business Entity Name)

(Document Number)

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2019 JAN -7 AM 10:22
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JAN 10 2019

cc
Withdrawal

JAN 08 2019
ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 568043 5166594

AUTHORIZATION : 

COST LIMIT : \$43,75

ORDER DATE : January 4, 2019

ORDER TIME : 8:46 AM

ORDER NO. : 568043-075

CUSTOMER NO: 5166594

FOREIGN FILINGS

NAME: SUMMIT HEALTH, INC.


XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: 

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Summit Health, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F08000000165

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

Please return all correspondence concerning this matter to the following:

Gary Sherman

(Name of Person)

Corporation Service Company

(Firm/Company)

1180 Avenue of the Americas, Suite 210

(Address)

New York, NY 10036

(City/State and Zip code)

For further information concerning this matter, please call:

Gary Sherman

at (800) 927 9801 ext. 62049

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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
2661 Executive Center Circle
Tallahassee, FL 32301

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

Summit Health, Inc.

(Name of Corporation)

F08000000165

(Document Number of Corporation (if known))

Michigan

(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:

500 Plaza Drive

(Mailing Address)

Secaucus, NJ 07094

(City/ State /Zip)

FILED
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FLORIDA
DEPARTMENT OF STATE

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

DocuSigned by:

William J. O'Shaughnessy, Jr.

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

November 9, 2018

(Date)

William J. O'Shaughnessy, Jr.

(Typed or printed name of person signing)

Secretary

(Title of person signing)

FILING FEE \$35