

F180000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

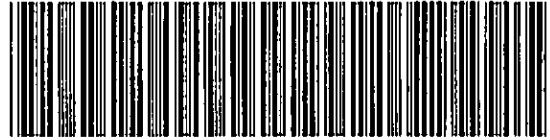
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 DEC 22 AM 11:45

STATE
TALLAHASSEE, FL

cf 3/8/2023

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Lake County Health Care Properties, Inc.

(Name of Corporation)

DOCUMENT NUMBER: F18000000079

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

Please return all correspondence concerning this matter to the following:

Tamara L. Trimble

(Name of Person)

AdventHealth

(Firm/Company)

900 Hope Way

(Address)

Altamonte Springs, FL 32714

(City/State and Zip code)

For further information concerning this matter, please call:

TL Trimble

at (407) 982-0966

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- | | | | |
|-----------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
Enclosed) | <input type="checkbox"/> \$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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Lake County Health Care Properties, Inc.

(Name of Corporation)

F18000000079

(Document Number of Corporation (if known))

Georgia

01/05/2018

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

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2022 DEC 22 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FL

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:

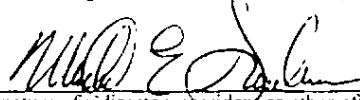
900 Hope Way

(Mailing Address)

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.


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

12/19/2022

(Date)

Mike Saunders

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35