

L07 000054270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

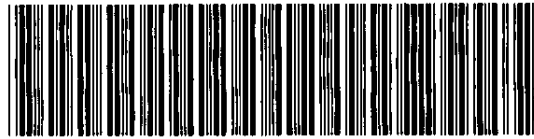
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400296336394

09/25/17--01030--002 **25.00

FILED
17 SEP 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

SEP 25 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 24, 2017

GILBERT NOE
1735 BRANTLEY RD, APT. 2714
FORT MYERS, FL 33907

SUBJECT: KISKEYA HEALTH NETWORK, LLC
Ref. Number: L07000054270

We have received your document for KISKEYA HEALTH NETWORK, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6051.

Stacey M Warren
Regulatory Specialist II

Letter Number: 517A00017520

8/3/17

Secretary of State
Division of Corporation
Clifton Building
2661-Executive Center Circle
Tallahassee, FL 32314

To WHOM IT MAY CONCERN,

I, Gilbert Noe, certify that effective august 4, 2017, I'm no longer a member of
Kiskeya Health Network (L000054270).

Best Regards,
Gilbert Noe
1735 Brantley Rd, Apt# 2714
Fort Myers, FL 33907
lc200@msn.com

RECEIVED
2017 AUG 24 PM 12:02
STATE CAPITAL
TALLAHASSEE, FLORIDA

FILED
17 SEP 25 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA