

M000000000000770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

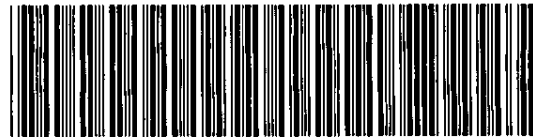
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600269839446

RECEIVED
DEPARTMENT OF STATE
15 MAY - 1 PM 4:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAY - 1 PM 12:20

FILED

MAY - 5 2015

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/1/15

NAME: PUTNAM COMMUNITY MEDICAL CENTER, LLC

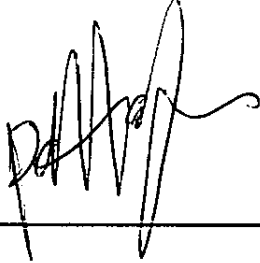
TYPE OF FILING: WITHDRAWAL

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



** File Third **

FILED
15 MAY -1 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Putnam Community Medical Center, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

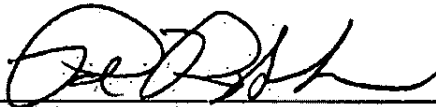
04/19/2000

(Date registered with Florida Department of State)

M00000000770

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Paul R. Hannah, Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00