

102000001578

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

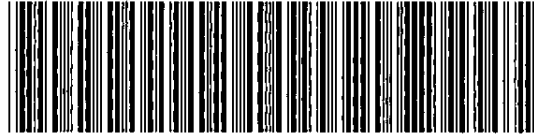
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500296369875

17 MAR 22 AM 8:22


FILED

2017 MAR 22 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

O SIMMONS  
MAR 23 2017

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

ACCOUNT NO. : I20000000195  
REFERENCE : 560367 7928165  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : March 17, 2017  
ORDER TIME : 10:38 AM  
ORDER NO. : 560367-425  
CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: SA-PG-GAINESVILLE LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SA-PG-Gainesville LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kimberly Ruggiero

\_\_\_\_\_  
(Name of Person)

Health Care Navigator, LLC

\_\_\_\_\_  
(Firm/Company)

4 West Red Oak Lane, Suite 201

\_\_\_\_\_  
(Address)

White Plains, NY 10604

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero

\_\_\_\_\_  
(Name of Person)

914

at ( )

390-4325

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

*Enclosed is a check for the following amount:*

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SA-PG-Gainesville LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

06/18/2002

(Date registered with Florida Department of State)

M02000001578

(Florida Document Number)

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



(Signature of authorized representative)

Mitchell Starer

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
17 MAR 22 AM 8:22