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SECRETARY OF STATE
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D. SCOTT MAR 2 3 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXXX WITHDRAWAL/CANCELLATION

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

COVER LETTER

| TO: Registration Division o | on Section of Corporations | | | |
|--|--|------------------------------------|--|---|
| SA-I | PG-Largo, LLC | | | |
| SUBJECT. | (Name of Fe | orcign Limited Liabili | ty Company) | |
| Dear Sir or Madam | : | | | |
| The enclosed withd | rawal and fee(s) are submitt | ed for filing. | | |
| Please return all con | respondence concerning thi | s matter to the follow | ng: | |
| Kimberly Rugg | jiero | | | |
| | (Name of Person) | | | TALL TALL |
| Health Care N | avigator, LLC | | | FILEI MR 22 I MEIARY OF LAHASSEE |
| | (Firm/Company) | *** | | ED W OF |
| 4 West Red Oa | ak Lane, Suite 201 | _ | | D STATE FLORID |
| | (Address) | | | 要用 あ |
| White Plains, N | NY 10604 | | | |
| · · · · · · · · · · · · · · · · · · · | (City/State and Zip Co | de) | | |
| For further informat | ion concerning this matter, | please call: | | |
| Kimberly Rugg | iero | 914 | 390-4325 | |
| (N | lame of Person) | at ((Area Code | & Daytime Telephone Number) | |
| Registration Division of Clifton Bui 2661 Exect | Corporations | Reg Div P.O | ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314 | |
| Enclosed is a check | for the following amount | : | | |
| □ \$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| SA-PG-Larg | go, LLC | |
|--|--|--|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | И-Тородо разления — — — — — — — — — — — — — — — — — — — |
| 06/18/2002 | | |
| | (Date registered with Florida Department of State) | |
| M02000001 | 582 | |
| ······································ | (Florida Document Number) | |
| This limited li | ability company is withdrawing its certificate of authority in this state. | |
| | THI Sta | |
| | (Signature of authorized representative) | |
| | Mitchell Starer | |
| | (Typed or printed name of signee) | FILED 7 MR 22 M 8 16 8 ECRETARY OF STATE ALLAHASSEE, FLORIDA |

Filing Fee: \$25,00