

M020000001869

(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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Office Use Only



000396225920

FILED  
2022 DEC 16 AM 11:56  
TALLAHASSEE, FL

RECEIVED  
2022 DEC 16 AM 10:19  
TALLAHASSEE, FL

**Sunshine State Corporate Compliance Company**

*3458 Lakeshore Drive, Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 12/16/2022

**\*\*WALK IN\*\***

ENTITY NAME Orlando 9430 Medical Properties, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E B J/O*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando 9430 Medical Properties, 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:

Bria Krupnick

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

Kayne Anderson Real Estate

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

1 Town Center Road, 3rd Floor

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

Boca Raton, FL 33486

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

For further information concerning this matter, please call:

Erika Yess

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

561 300-6285  
at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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 |
|--|---|--|--|

FILED

2022 DEC 16 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FL

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Orlando 9430 Medical Properties, LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

January 4, 2016

\_\_\_\_\_  
(Date registered with Florida Department of State)

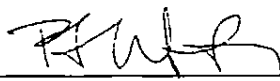
M02000001869

\_\_\_\_\_  
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



\_\_\_\_\_  
(Signature of authorized representative)

Peter Westmeyer

\_\_\_\_\_  
(Typed or printed name of signee)

**Filing Fee: \$25.00**