

M04000005435

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

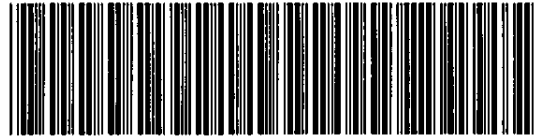
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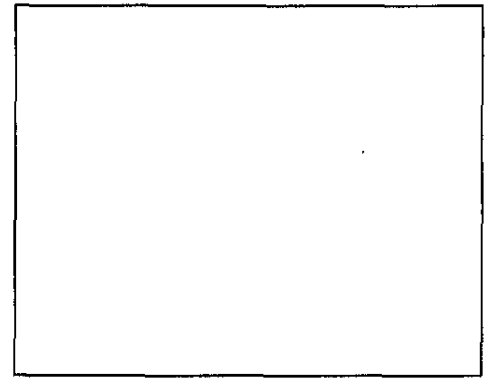


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WALK-IN

ENTITY NAME:

1. ENDOSCOPY & SURGICAL CENTER OF ORLANDO, LLC

CK# 2218

AMOUNT \$60.00

PLEASE FILE THE ATTACHED WITHDRAWAL & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

\_\_\_ STAMPED COPY

XXX CERTIFICATE OF STATUS

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Examiner's Initials

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Endoscopy & Surgical Center of Orlando, LLC

(Name of limited liability company)

Tennessee

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

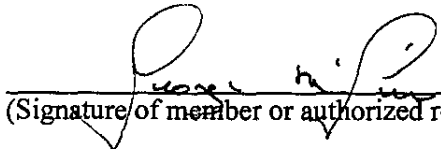
8 Cadillac Drive, Suite 200

(Mailing address)

Brentwood, TN 37027

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

  
(Signature of member or authorized representative of a member)

George P. McGinn, Jr.

(Typed or printed name of signee)

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