

M06000001472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

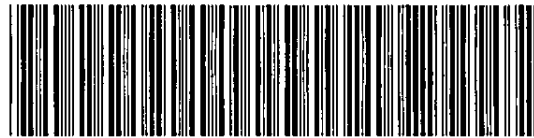
(Business Entity Name)

(Document Number)

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

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600256940476

RECEIVED  
DEPARTMENT OF STATE  
14 MAR - 7 10 1:59

FILED  
2014 MAR - 7 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 10 2013  
T. HAMPTON



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : I20000000195

REFERENCE : 044548 7122203

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : March 7, 2014

ORDER TIME : 11:18 AM

ORDER NO. : 044548-010

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: MONTECITO MEDICAL-CONGRESS  
AVENUE, LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Susie Knight/CLD X 52956

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Monecito Medical - Congress Avenue, 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:

Elizabeth Machaj

(Name of Person)

Hagan & Vidovic LLP

(Firm/Company)

200 E. Randolph, 43rd Floor

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Elizabeth Machaj

(Name of Person)

at ( 312 ) 228-2895  
(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:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Montecito Medical - Congress Avenue, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

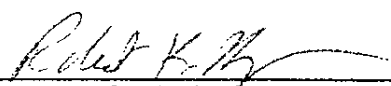
9/18/09

(Date registered with Florida Department of State)

M06000001472

(Florida Document Number)

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

  
(Signature of authorized representative)

Robert K. Hagan, Vice President of LaSalle Medical Office Southeast

(Typed or printed name of signee) Holding Company, Inc. its member

Filing Fee: \$25.00

**FILED**  
2014 MAR -7 AM 8:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA