

MO6 000001473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

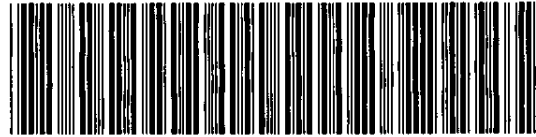
(Business Entity Name)

(Document Number)

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

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13 DEC 13 AM 10:59

DEC 16 2013  
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12:30  
2013 DEC 13 AM 10:05  
SECRETARY OF STATE  
DEPARTMENT OF STATE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 921094 7122203

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2013

ORDER TIME : 8:30 AM

ORDER NO. : 921094-075

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: MONTECITO MEDICAL - CARE  
DRIVE, 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: Carina L. Dunlap - EXT# 52951

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

2013 DEC 13 AM 9:05  
CSC CORPORATION  
100000000195

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Montecito Medical - Care Drive, 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 ) 229-2895  
\_\_\_\_\_  
(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

2013 DEC 13 AM 10:05  
CLERK OF COURT  
CLERK OF COURT  
CLERK OF COURT

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

Montecito Medical - Care Drive, LLC

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

Delaware

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

M06000001473

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

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.

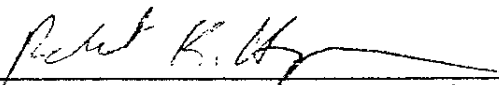
200 E. Randolph

\_\_\_\_\_  
(Mailing address)

Chicago, IL 60601

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

Robert K. Hagan, Vice President of LaSalle Medical Office Southeast Holding Company, Inc. its member

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

2013 DEC 13 AM 10:05  
DEPARTMENT OF STATE  
CLERK OF THE COURT

**Filing Fee: \$25.00**