

MOB0000001476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

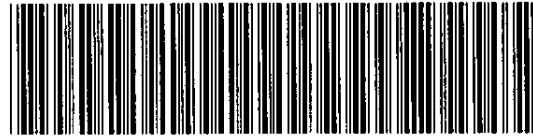
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 FEB 11 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 FEB 11 PM 1:49
TALLAHASSEE, FLORIDA

FEB 12 2015
T. HAMPTON

ACCOUNT NO. : I20000000195

REFERENCE : 498728 7122203

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : February 11, 2015

ORDER TIME : 10:46 AM

ORDER NO. : 498728-025

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: MONTECITO MEDICAL - NW MEDICAL
PARK, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX 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: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montecito Medical - NW Medical Park, 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Montecito Medical - NW Medical Park, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

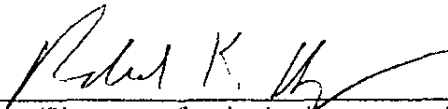
9/18/09

(Date registered with Florida Department of State)

M06000001476

(Florida Document Number)

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



(Signature of authorized representative)

Robert Hagan, VP/Asst Sec of LaSalle Medical Office *Southwest Holding*

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

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA