

1106000001479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

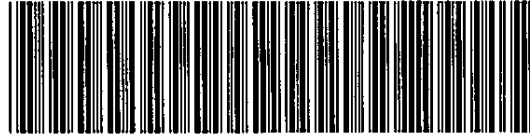
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 23 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montecito Medical - Colmed, 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:

Bridget Guy

(Name of Person)

LaSalle Investment Management

(Firm/Company)

333 West Wacker Drive, 23rd Floor

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Bridget Guy

(Name of Person)

at (312) 897-4129
(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 checked="" 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 |
|---|---|--|--|

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Montecito Medical - Colmed, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 13, 2006

(Date registered with Florida Department of State)

M06000001479

(Florida Document Number)

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



(Signature of authorized representative)

Bridget Guy

(Typed or printed name of signee)

Filing Fee: \$25.00