

MD60000001480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

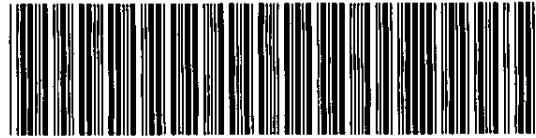
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 DEC 13 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
DEPARTMENT OF STATE
13 DEC 13 AM 10:51

DEC 16 2013

D. BRUCE



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 921094 7122203

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 13, 2013

ORDER TIME : 8:30 AM

ORDER NO. : 921094-070

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: MONTECITO MEDICAL - BISCAYNE,
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: _____

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CLERK OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Montecito Medical - Biscayne, 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:

- | | | | |
|--|---|--|--|
| <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 |
|--|---|--|--|

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TALLAHASSEE FLORIDA

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

Montecito Medical - Biscayne, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M06000001480

(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

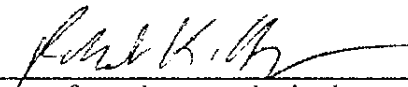
(Mailing address)

Chicago, IL 60601

(City/State/Zip)

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TALLAHASSEE, FLORIDA

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)

Filing Fee: \$25.00