

MD60000014181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

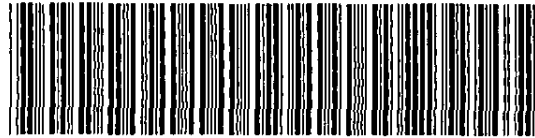
(Business Entity Name)

(Document Number)

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2015 FEB 11 PM 2:18  
CLERK OF STATE  
TALLAHASSEE FLORIDA

FEB 16 2015  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 12, 2015

**RESUBMIT**

Please give original  
submission date as file date.

CSC  
COURTNEY WILLIAMS  
TALLAHASSEE, FL

SUBJECT: MONTECITO MEDICAL - MEDICAL SPECIALISTS, LLC  
Ref. Number: M06000001481

We have received your document for MONTECITO MEDICAL - MEDICAL SPECIALISTS, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The date registered with Florida was March 13, 2006, please correct your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown  
Regulatory Specialist II

Letter Number: 015A00002953

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RECEIVED  
15 FEB 13 AM 10:54  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 498728 7122203

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : February 11, 2015

ORDER TIME : 10:45 AM

ORDER NO. : 498728-020

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: MONTECITO MEDICAL - MEDICAL  
SPECIALISTS, 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: Courtney Williams - EXT# 62935

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

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TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Montecito Medical - Medical Specialists, 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 &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

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TALLAHASSEE FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Montecito Medical - Medical Specialists, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

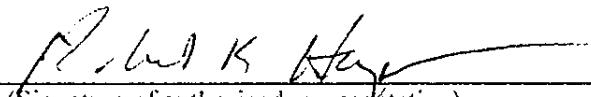
03/13/2006

(Date registered with Florida Department of State)

M06000001481

(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 Southeast Holding

(Typed or printed name of signee) (Company, Inc. or number)

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2015 FEB 14 PM 2:18  
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TALLAHASSEE FLORIDA

Filing Fee: \$25.00