

M0600000 2830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2019 FEB -6 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 FEB -6 AM 10:43

UCL  
2-7-19

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 615520 7847561  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 25.00

ORDER DATE : February 5, 2019  
ORDER TIME : 10:16 AM  
ORDER NO. : 615520-015  
CUSTOMER NO: 7847561

FOREIGN FILINGS

NAME: MEDLINE ORLANDO 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: Emily Croft - EXT# 62925

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Medline Orlando 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:

Pamela Mayhew

\_\_\_\_\_  
(Name of Person)

Medline Industries, Inc.

\_\_\_\_\_  
(Firm/Company)

3 Lakes Dr 4C-046

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

Northfield, IL 60093-2753

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Pamela Mayhew

\_\_\_\_\_  
(Name of Person)

224

931-1156

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

(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Medline Orlando LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

May 22, 2006

(Date registered with Florida Department of State)

M06000002830

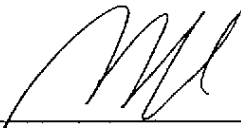
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Alexander M. Liberman, Assistant Secretary of Medline Industries, Inc., as Manager

(Typed or printed name of signee)

2019 FEB -6 PM 1:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00