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(Address)
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PICK-UP WAIT MAIL
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**S Warren** MAR 23 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 560367 7928165

AUTHORIZATION :

COST LIMIT : SESSON COST

ORDER DATE: March 17, 2017

ORDER TIME: 10:59 AM

ORDER NO. : 560367-525

CUSTOMER NO: 7928165

## FOREIGN FILINGS

NAME: SA-ENC OPERATOR HOLDINGS, 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: Melissa Zender - EXT#

EXAMINER:

## **COVER LETTER**

TO:		ion Section of Corporations			
SUBJE	CT: SA	-ENC Operator Holdin	gs, LLC		
50202	· · · · · · · · · · · · · · · · · · ·	(Name of F	oreign Limited Liability	Company)	
Dear Sir	or Madai	m:			
The enc	losed with	drawal and fee(s) are submitt	ed for filing.		
Please re	eturn all c	orrespondence concerning thi	is matter to the following	3:	
Kimbe	erly Rug	giero			
		(Name of Person)	-	-	
Health	ncare N	avigator, LLC		·	
<u>,</u>		(Firm/Company)		• •	
4 Wes	st Red C	Dak Lane, Suite 201			
<del>,                                    </del>		(Address)	¥ 2.	-	
White	Plains,	NY 10604		•• ••	
		(City/State and Zip Co	de)	•	
For furth	er inform	ation concerning this matter,	please call:		
Kimbe	rly Rug	giero	914 at (	<b>390-4325</b>	
	(	Name of Person)		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	d is a chec	k for the following amount	:		
□ \$25 F	iling 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

SA-ENC Operator Holdings, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
2/20/2006
(Date registered with Florida Department of State)
10600007067
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
Mithe Sta
(Signature of authorized representative)
Mitchell Starer
(Typed or printed name of signee)

Filing Fee: \$25.00

