

M06000007071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

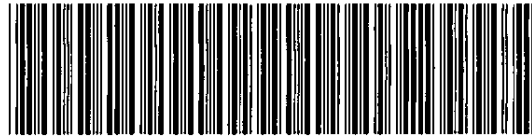
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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17 MAR 22 AM 8:47
TALLAHASSEE, FLORIDA

2017 MAR 22 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

MAR 23 2017
Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 560367 7928165

AUTHORIZATION



COST LIMIT : \$25.00

ORDER DATE : March 17, 2017

ORDER TIME : 10:59 AM

ORDER NO. : 560367-530

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: SA-ENC MASTER TENANT, 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: Registration Section
Division of Corporations

SUBJECT: SA-ENC Master Tenant, 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:

Kimberly Ruggiero

(Name of Person)

Health Care Navigator, LLC

(Firm/Company)

4 West Red Oak Lane, Suite 201

(Address)

White Plains, NY 10604

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero

(Name of Person)

914

at ()

390-4325

(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 |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SA-ENC Master Tenant, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/20/2006

(Date registered with Florida Department of State)

M06000007071

(Florida Document Number)

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


(Signature of authorized representative)

Mitchell Starer

(Typed or printed name of signee)

17 MAR 22 AM 2:47
DEPT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00