

M07000001314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 146727 4304557

AUTHORIZATION : *[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : March 28, 2012

ORDER TIME : 1:24 PM

ORDER NO. : 146727-020

CUSTOMER NO: 4304557

FOREIGN FILINGS

NAME: BRIDGE HEALTHCARE FINANCE, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Becky Peirce - EXT# 2919

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

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

**Bridge Healthcare Finance, LLC**  
(Name of limited liability company)

**Delaware**  
(Jurisdiction of its organization)

**M07000001314**  
(Florida Document Number)

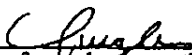
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

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.

**c/o Fortress Investment Group, LLC, 1345 Avenue of the Americas, 29th Floor**  
(Mailing address)

**New York, NY 10105**  
(City/State/Zip)

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)

**Donald Puglisi, Executive Vice President**  
(Typed or printed name of signee)

**Filing Fee: \$25.00**

**FILED**  
**12 MAR 28 AM 9:28**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**