

m070000001719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

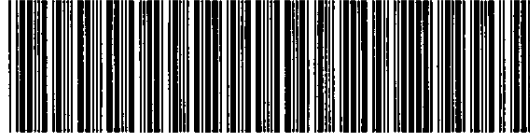
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2016 APR 27 A 9:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 28 2016

S MASON



Thomas Joseph Durkin, Law Clerk  
Direct Line: (717) 591-5791  
Email: [tjdurkin@vibrahealthcare.com](mailto:tjdurkin@vibrahealthcare.com)

April 26, 2016

**Via FedEx Overnight**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: Notice of Withdrawal of Certificate of Authority**

Dear Sir/Madam:

Please find enclosed three (3) Notices of Withdrawal for the following entities:

- FL Real Estate Holdings, LLC;
- FL Retirement I, LLC; and
- Senior Real Estate Holdings, LLC.

Along with the Notices of Withdrawal are three (3) checks in the amount of \$25.00 each for the filings. I have also included a self-addressed paid envelope for the return of the letters of acknowledgment for each entity.

If you have any questions or concerns please feel free to contact me on my direct line at (717) 591-5791 or by email at [tjdurkin@vibrahealth.com](mailto:tjdurkin@vibrahealth.com). Thank you in advance for your anticipated assistance.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thomas J. Durkin', written over a horizontal line.

Thomas Joseph Durkin, Law Clerk

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FL Retirement I, 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:

Douglas C. Yohe, General Counsel

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

Vibra Healthcare

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

4550 Lena Drive, Suite 225

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

Mechanicsburg, PA 17055

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

For further information concerning this matter, please call:

Douglas C. Yohe, General Counsel at ( 717 ) 591-5737  
\_\_\_\_\_  
(Name of Person) (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 |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FL Retirement I, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

March 23, 2007

(Date registered with Florida Department of State)

M07000001719

(Florida Document Number)

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



(Signature of authorized representative)

Michael Beaver

(Typed or printed name of signee)

Filing Fee: \$25.00

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA