

MD7000002125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

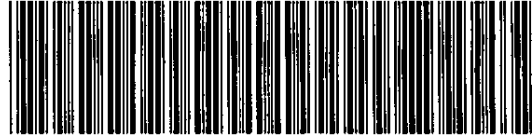
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800284866888

04/27/16--01018--006 **25.00

FILED

2016 APR 27 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 28 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FL Real Estate Holdings, 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

(Name of Person)

at (717) 591-5737
(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 |
|--|---|--|--|

FILED
2016 APR 27 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FL Real Estate Holdings, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

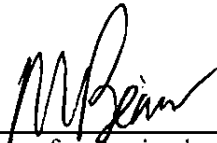
April 12, 2007

(Date registered with Florida Department of State)

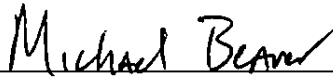
M07000002125

(Florida Document Number)

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



(Signature of authorized representative)



(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2016 APR 27 P 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA