

107000002907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

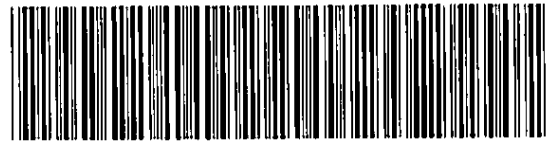
(Business Entity Name)

(Document Number)

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

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RECEIVED  
MAY 13 AM 9:49  
STATE  
OFFICE, FL

RECEIVED  
MAY 13 PM 2:06  
TALLAHASSEE, FL 010

RECEIVED  
MAY 14 2021

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

ACCOUNT NO. : 120000000195

REFERENCE : 8111061 4350891

AUTHORIZATION : *DeLeon*

COST LIMIT : \$ 25.00

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ORDER DATE : May 12, 2021

ORDER TIME : 9:48 AM

ORDER NO. : 811106-005

CUSTOMER NO: 4350891  
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FOREIGN FILINGS

NAME: GOLDEN GATE NATIONAL SENIOR  
CARE 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: Alexxis Weiland - EXT#

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

## CÓVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Golden Gate National Senior Care 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:

Krista Elmore

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

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

1000 Fianna Way, Ste 208

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

Fort Smith, AR 72919

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

For further information concerning this matter, please call:

Krista Elmore 479 201-4840  
\_\_\_\_\_  
(Name of Person) at (Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Golden Gate National Senior Care LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

05/16/2007

(Date registered with Florida Department of State)

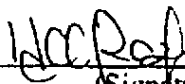
M07000002907

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Holly Rasmussen-Jones

(Typed or printed name of signee)

FILED  
2007 MAY 13 AM 9:49  
FLORIDA DEPARTMENT OF STATE

Filing Fee: \$25.00