

MO 7000004596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

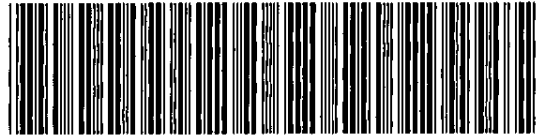
(Document Number)

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

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**B. KOHR**  
NOV 28 2011  
**EXAMINER**



500214337305

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
20M NOV 23 PM 4:16  
NOT RELEASED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 23 AM 10:17



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 992294 5022647

AUTHORIZATION :

COST LIMIT : 955.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 23 AM 10:17

ORDER DATE : November 23, 2011

ORDER TIME : 3:50 PM

ORDER NO. : 992294-050

CUSTOMER NO: 5022647

FOREIGN FILINGS

NAME: EMERICHIP ALTAMONTE LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Stephanie Milnes - EXT# 2920

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Emerichip Altamonte 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:

Sarah Eisenhauer

(Name of Person)

Emeritus Corporation

(Firm/Company)

3131 Elliott Ave, Ste 500

(Address)

Seattle, WA 98121-1032

(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Eisenhauer

(Name of Person)

at ( 206 )

204-3013

(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:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 23 AM 10:17

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 23 AM 10:17

Emerichip Altamonte LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M07000004596

(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 Emeritus Corporation, 3131 Elliott Ave, Ste 500

(Mailing address)

Seattle, WA 98121-1032

(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)

Eric Mendelsohn, SVP Corporate Development of the Sole  
Member, Emeritus Corporation

(Typed or printed name of signee)

Filing Fee: \$25.00