## M01600005343

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 11/30/2020	_ <del>_</del>		₩WALK IN#
ENTITY NAME_AD\	OCATE HEALTH, LLC	<u> </u>	
		<del></del>	γ
DOCUMENT NUMBEI	R	1-2-	4ling
	**PLEASE FILE TH	HE ATTACHED AND RETURNED JIL	first.
	Plain Copy		
XXXX	Certified Copy		
	Certificate of Status		
	Certified Copy of Arts Certificate of Good Sta		
	**APOSTILLE' / N	NOTARIAL CERTIFICATION**	
COUNTRY OF DESTIN	YATION		_
NUMBER OF CERTIFIC	CATES REQUESTED		_
TOTAL OWED \$ 55	. 00	ACCOUNT #: 120160000072	
Please call Tina at	the above number for	any issues or concerns. Thank you so	much!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Advocate Health	LLC			
	(Name of limited liability company)	<del></del>	·	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
Minnesota				
	(Jurisdiction of its organization)	<del></del>		
07/18/2005				
	(Date registered with Florida Department of State)	·		
M07000005343				
	(Florida Document Number)			<del></del>
This limited lia	ability company is withdrawing its certificate of authority i	n this sta	ite.	
(If an effective more than 90 c Note: If the da	if other than the date of filing: date is listed, the date must be specific and cannot be prio ays after filing.) te inserted in this block does not meet the applicable statut of be listed as the document's effective date on the Departi	ory filing	g requi	g or rements.
	(Signature of authorized representative)  Darwin Hale, Member	.; .;	2020 NOY 30	The state of the s
	(Typed or printed name of signee)		0 AM 9:	

Filing Fee: \$25.00