

#1107000006503

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

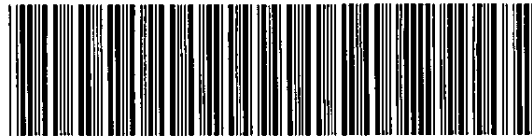
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600262585606

FILED

2014 JUL 25 AM 9:46  
CLERK OF COURT  
TALLAHASSEE, FL 32301

RECEIVED

14 JUL 25 AM 10:58  
CLERK OF COURT

K. SALY  
EXAMINER

JUL 28 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 229666 7928165

AUTHORIZATION

COST LIMIT \$ 25.00

*[Handwritten Signature]*

ORDER DATE : July 24, 2014

ORDER TIME : 9:43 AM

ORDER NO. : 229666-010

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: CYPRESS HEALTH CARE MANAGEMENT  
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: Courtney Williams - EXT# 62925

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

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cypress Health Care Management, 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:

Kimberly Ruggiero  
\_\_\_\_\_  
(Name of Person)

Health Care Navigator, LLC  
\_\_\_\_\_  
(Firm/Company)

4 West Red Oak Lane, Suite 201  
\_\_\_\_\_  
(Address)

White Plains, NY 10604  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Ruggiero at (914) 390-4325  
\_\_\_\_\_  
(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 |
|--|---|--|--|

FILED  
2014 JUL 25 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cypress Health Care Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

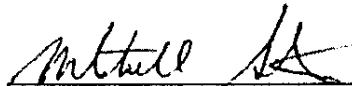
October 31, 2007

(Date registered with Florida Department of State)

M07000006503

(Florida Document Number)

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



(Signature of authorized representative)

Mitchell Starer

(Typed or printed name of signee)

**Filing Fee: \$25.00**