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COVER LETTER

		istration ision of (Section Corporations	*		\$
SUBJEC	¬Т•	Palm	Coast MedPro Partr	ers, LLC		
SOBJEC			(Name of Fo	reign Limited Lia	ability C	Company)
Dear Sir	or N	1adam:				
The encl	osed	withdra	wal and fee(s) are submitte	d for filing.		
Please re	turn	all corre	espondence concerning this	matter to the fol	lowing:	
BJ Pa	rris	h				
			(Name of Person)			
Cibolo	Cr	eek Pa	artners, LLC			
			(Firm/Company)			
400 W	/. III	inois, \$	Ste 950			
		•	(Address)			
Midlar	nd, '	TX 79	701			
			(City/State and Zip Coo	le)		
For furth	er ir	ıformatio	on concerning this matter, p	olease call:		
BJ Pa	rris	h		432	,	685-0169
		. (Na	me of Person)		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	d is a	a check t	for the following amount	;		
☑ \$25 F	iling	; Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing F Certified Co		□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Palm Coast MedPro Partners, LLC
(Name of limited liability company)
North Carolina
(Jurisdiction of its organization)
April 07, 2008
(Date registered with Florida Department of State)
M0800001654 ⊋ _{⟨S}
(Florida Document Number)
(Florida Document Number) This limited liability company is withdrawing its certificate of authority in this state ASS 15
Signature of authorized representative)
(Signature of authorized representative)
(Typed or printed name of signee)
(Typed or printed name of signee)

Filing Fee: \$25.00