

**MILWAUKEE**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

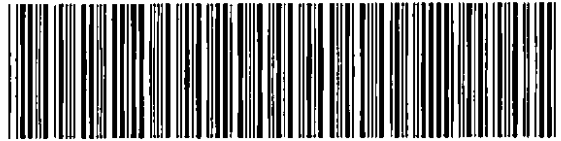
(Business Entity Name)

(Document Number)

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2019 JAN -2 P 10:18

19 JAN -2 AM 11:28

1-1-19

RECEIVED  
MILWAUKEE  
JAN 28 2019

1/2/19

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

ACCOUNT NO. : I20000000195

REFERENCE : 551119 7775081

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 19, 2018

ORDER TIME : 8:57 AM

ORDER NO. : 551119-040

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: HCRI DEERFIELD BEACH MEDICAL  
FACILITY, 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: Roxanne Turner - EXT#

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

2019 JAN - 2 PM 10:18

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HCRI Deerfield Beach Medical Facility, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/01/2011

(Date registered with Florida Department of State)

M11000004401

(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.

DocuSigned by:

Mary Ellen Pisanelli

43D556E3A0314EA

(Signature of authorized representative)

Mary Ellen Pisanelli, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00