8506170383 4/2/2015 9:56:22 00004466 Division of Corporations Florida Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H15000081946 3))) H150000819483ABC1 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. _____ TQ: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842 Fax Number : (850)878-5368 _____ LLC DISSOLUTION OR WITHDRAWAL SHI HORIZON BAY MEMORY CARE, LLC Certificate of Status Ð 0 Certified Copy 03 Page Count Υų. \$25.00 Estimated Charge تلنينين. ŧ ... ŝ L23 Electronic Filing Menu Corporate Filing Menu Help

118-3255

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____ Bay Memory Care, 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:

Olga Hinkel

(Name of Person)

CT Corporation

(Firm/Company)

155 Federal Street Suite 700

(Address)

Boston, MA 02110

(City/State and Zip Code)

For further information concerning this matter, please call:

Olga Hinkel		617 at (757-6402
(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:		
□ \$25 Filing Fee	\$30 Filing Fee & Certificate of Status	Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

SHI HORIZON BAY MEMORY CARE, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/06/2011

(Date registered with Florida Department of State)

M11000004461

(Florida Document Number)

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

(Signatore authorized representative) James J. Finnegan, Authorized Signer

(Typed or printed name of signee)

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Filing Fee: \$25.00