

3/27/2020

Division of Corporations

PLEASE RESUBMIT

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

AND
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((H20000094716 3)))



H200000947163ABC5

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

RECEIVED

2020 APR 15 PM 12:21

**LLC DISSOLUTION OR WITHDRAWAL
LAS OLAS DE SEQUOIA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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SHI KEF

APR 16 2020

H20000094716 3**COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Las Olas de Sequoia, 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.

Scott Herod, Corporate Paralegal

(Name of Person)

DaVita Inc.

(Firm/Company)

601 Hawaii Street, Attn. JLD/SecGovFin.

(Address)

El Segundo, CA 90245

(City/State and Zip Code)

For further information concerning this matter, please call.

Scott Herod

310

536-2404

at (

(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 ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Las Olas de Seipiois, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 3, 2011

(Date registered with Florida Department of State)

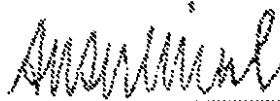
M11000004950

(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 records.



(Signature of authorized representative)

Stephanie N. Berberich, Assistant Secretary of BMS Lifeline, Inc. Mng. Mbr.

(Typed or printed name of signee)

Filing Fee: \$25.00

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