M11000005378

(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

200263258272

09/29/14--01009--002 **25.00

FILED
2014 SEP 29 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gilligan OCT - 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THP ST. ISABEL NOTE, 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:

BJ Parrish
(Name of Person)

Trident Healthcare Properties I, LP
(Firm/Company)

400 WEST ILLINOIS AVE., SUITE 950
(Address)

MIDLAND, TX 79701
(City/State and Zip Code)

For further information concerning this matter, please call:

BJ Parrish at (432) 685-0169
(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

FILED
2014 SEP 29 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

THP ST. ISABEL NOTE, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

October 26, 2011

(Date registered with Florida Department of State)

M11000005378

(Florida Document Number)

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

(Signature of authorized representative)

BJ Parrish for General Partner, Trident Healthcare Properties

(Typed or printed name of signee)

Filing Fee: $25.00