## 111200003888

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(,
PICK-UP WAIT MAIL
(Business Entity Name)
<u> </u>
(Document Number)
Certified Copies Certificates of Status
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DIVISION OF CONTRACTORS
DEPARTMENT OF STATE

2015 HAR 24 PM 12: 55

MAR 25 2015 C. BRUCE

ACCOUNT NO. : I2000000195 REFERENCE : 561393 7928165 AUTHORIZATION COST LIMIT ORDER DATE: March 24, 2015 ORDER TIME : 2:36 PM ORDER NO. : 561393-010 CUSTOMER NO: 7928165 FOREIGN FILINGS NAME: AP2012-FOUNTAINHEAD, LLC CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

Division of	Corporations			
AP20	012-Fountainhead, Ll	-C		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all con	respondence concerning this	matter to the following	:	
Kimberly Rugg	iero			
	(Name of Person)		•	
Health Care Na	avigator, LLC			
	(Firm/Company)		-	
4 West Red Oa	ak Lane, Suite 201			
	(Address)		•	
White Plains, N	IY 10604			
	(City/State and Zip Coo	lc)	•	
For further informati	on concerning this matter, p	lease call:		
Kimberly Ruggi	его	914	390-4325	#!. in
(N	ame of Person)		Daytime Telephone Number)	THE TANK
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		AR 24 PM 12: 56
Enclosed is a check	for the following amount:			<b>→,</b> €∪
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AP2012-Fountainhead, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
07/10/2012
(Date registered with Florida Department of State)
M12000003888
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.  (Signature of authorized representative)
James Blalock
(Typed or printed name of signee)

Filing Fee: \$25.00

