

N12000005856
Division of Corporations Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : BROAD AND CASSEL (ORLANDO)
Account Number : I19980000090
Phone : (407) 839-4200
Fax Number : (407) 839-4264

**LLC DISSOLUTION OR WITHDRAWAL
MCA CASA PALMA OWNER LLC**

Certificate of Status	1
Certified Copy	1
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Estimated Charge	\$60.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MCA Casa Palma Owner 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:

Peter A. Schoemann, P.A.

(Name of Person)

Broad and Cassel

(Firm/Company)

390 North Orange Avenue, Suite 1400

(Address)

Orlando, Florida 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Peter A. Schoemann, P.A.

(Name of Person)

at 407

839-4200

(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.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MCA Casa Palma Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 18, 2012

(Date registered with Florida Department of State)

M12000005856

(Florida Document Number)

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

ZOM NRP CASA PALMA GP, LLC, a Delaware limited liability company, manager
By: ZF DEVELOPMENT II, LLC, a Florida limited liability company, manager

By:

(Signature of authorized representative)

Samuel C. Stephens, III, Executive Vice President

(Typed or printed name of signee)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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LED

Filing Fee: \$25.00