

m13000006412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

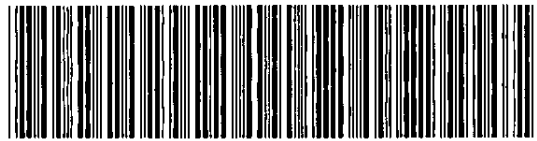
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 DEC 23 PM 4:26

NOTIFIED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED

2015 DEC 23 A 8:43

SECRETARY OF STATE
ALABAMA, FLORIDA

DEC 28 2015

S MASON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 928539 5168766

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : December 23, 2015

ORDER TIME : 3:25 PM

ORDER NO. : 928539-045

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: GREYSTONE HOSPICE OF DISTRICT
6A LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greystone Hospice of District 6A 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:

Lisa Schwartz

(Name of Person)

Greystone & Co., Inc.

(Firm/Company)

152 West 57th Street, 60th Floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo

(Name of Person)

at (212) _____

(Area Code & Daytime Telephone Number)

649-9700

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

Greystone Hospice of District 6A LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

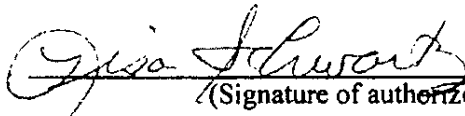
October 9, 2013

(Date registered with Florida Department of State)

ML13000006412

(Florida Document Number)

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



(Signature of authorized representative)

Lisa Schwartz - Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA