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(Re	equestor's Name)	
(Ai	ddress)	
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(A:	ddress)	
•		
(C	ity/State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL MAIL
(B	usiness Entity Name)
(D	ocument Number)	
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Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	
Opecial metactions to	or ming Cinicer.	

Office Use Only



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TO ACKHOWLEDGE
SUFFICIENCY OF FILING

15 DEC 23 PM 4: 26

2115 DEC 23 AN 9: 47

DEC 28 2015 J. HARRIS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 928539 5168766

AUTHORIZATION

COST LIMIT : \$\sqrt{2}\sqrt{5.00}

ORDER DATE: December 23, 2015

ORDER TIME : 3:25 PM

ORDER NO. : 928539-040

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: GREYSTONE HOSPICE OF DISTRICT

5A 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

	gistration vision of	Section Corporations			
SUBJECT:	Greys	tone Hospice of Distr	rict 5A	LLC	
50202011	·	(Name of For	eign Lim	ted Liability	Company)
Dear Sir or	Madam:				
The enclose	d withdra	wal and fee(s) are submitted	l for filin	g.	
Please retur	n all corre	espondence concerning this	matter to	the followin	g;
Lisa Sch	wartz				
		(Name of Person)			_
Greystor	ne & Co	., Inc.			
	_	(Firm/Company)			ata
152 Wes	it 57th S	Street, 60th Floor			
		(Address)		•	_
New Yor	k, NY 1	0019			
		(City/State and Zip Code	ε)		_
For further	informatio	on concerning this matter, pl	lease call	:	
Andrea S	Saullo		at	212	649-9700
	(Na	me of Person)		(Area Code	& Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
☑ \$2 5 Filin		\$30 Filing Fee & Certificate of Status		Filing Fee & fied Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Greystone Hospice of District 5A LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
October 9, 2013
(Date registered with Florida Department of State)
M' 1300006414
(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

2815 DEC 23 AM 9: 4.