

M13000006415

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

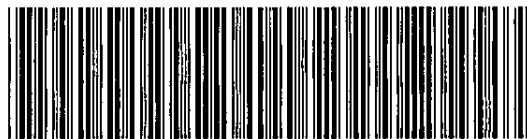
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
DEPARTMENT OF STATE  
15 DEC 23 PM 4:25  
NOT PREPARED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 DEC 23 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. DEC-28 2015

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. : 928539-035

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: GREYSTONE HOSPICE OF DISTRICT  
10 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 10 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)

649-9700

(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

2015 DEC 23 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Greystone Hospice of District 10 LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 9, 2013

(Date registered with Florida Department of State)

M .13000006415

(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**