1114000000579

(Requestor's Name)		
(Address)		
(Ac	ddress) .	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

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2015 DEC -3 AM 9: 49
ANGELESSIE FLORID.

15 DEC -3 AH 9: 30

K.SALY EXAMINER DEC -4 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 893363 7928165

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : December 2, 2015

ORDER TIME : 9:44 AM

ORDER NO. : 893363-010

CUSTOMER NO: 7928165

FOREIGN FILINGS

NAME: PT LAKELAND, LLC

____ CORPORATE

LIMITED PARTNERSHIP

XXX 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

	gistration Section vision of Corporations		
SUBJECT:	PT Lakeland, LLC		
2020201	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or I	Madam:		
The enclosed	i withdrawal and fee(s) are submitte	ed for filing.	
Please return	all correspondence concerning this	s matter to the following	:
Kimberly	Ruggiero		
4-2	(Name of Person)		•
Health Ca	are Navigator, LLC		
· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	111111111111111111111111111111111111111	•
4 West R	ed Oak Lane, Suite 201		
	(Address)		
White Pla	ins, NY 10604		
	(City/State and Zip Cod	de)	•
For further in	formation concerning this matter, p	please call;	
Kimberly	Ruggiero	914 at (390-4325
	(Name of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Inclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Circlosed is a check for the following amount:		ration Section on of Corporations lox 6327	
S25 Filing	_	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PT Lakeland, LLC	
(Name of limited liability	company)
Delaware	
(Jurisdiction of its organ	nization)
01/27/2014	
(Date registered with Florida Dep	partment of State)
M14000000579	
(Florida Document Nu	umber)
This limited liability company is withdrawing its certific	cate of authority in this state.
(Signature of authorized r	representative)
(Typed or printed name	e of signee)

Filing Fee: \$25,00