

M14000005008

**Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL
MANOR CARE OF FLORIDA OPERATIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

14 OCT -8 PM 12:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
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TALLAHASSEE, FLORIDA

14 OCT -8 AM 7:57

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OCT - 9 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Manor Care of Florida Operations, 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:

Mary Brownell

(Name of Person)

Manor Care of Florida Operations, LLC

(Firm/Company)

333 N. Summit Street, 16th Floor

(Address)

Toledo, OH 43604

(City/State and Zip Code)

For further information concerning this matter, please call:

Mary Brownell

(Name of Person)

419

(Area Code & Daytime Telephone Number)

253-5735

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

Manor Care of Florida Operations, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 15, 2014

(Date registered with Florida Department of State)

M14000005008

(Florida Document Number)

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



(Signature of authorized representative)

Patricia A. McCormick, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA