

M14 0000006766

(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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FILED
2015 SEP 30 AM 11:36
TALLAHASSEE, FLORIDA

N. Outigan OCT 2 2015

September 29, 2015

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

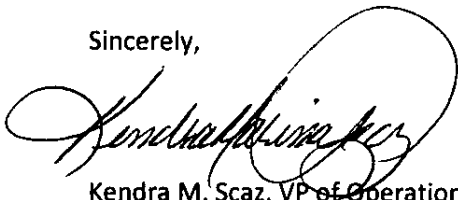
To whom it may concern,

Please note the enclosed withdrawal notice for entity First Coast Health, LLC. Also enclosed is check #7670 for \$60.00 for the associated fees.

Please direct any questions to me at 570-430-0111 or kscaz@yahoo.com

Thank you for your time and attention to this matter.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kendra M. Scaz', with a large, stylized loop at the end.

Kendra M. Scaz, VP of Operations

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRST COAST HEALTH, 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:

ANKIT DESAI
(Name of Person)

FIRST COAST HEALTH, LLC
(Firm/Company)

P.O. Box 60070
(Address)

JACKSONVILLE, FL. 32260
(City/State and Zip Code)

For further information concerning this matter, please call:

KENDRA SEAZ at (570) 430-0111
(Name of Person) (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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FIRST COAST HEALTH, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

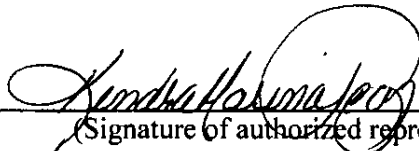
9/19/2014

(Date registered with Florida Department of State)

M14000006766

(Florida Document Number)

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



(Signature of authorized representative)

KENDRA MARINA SEAZ

(Typed or printed name of signee)

RECORDS SECTION
FLORIDA DEPARTMENT OF STATE

2015 SEP 30 AM 11:36

FILED

Filing Fee: \$25.00