## #M14000007628

(Reque	stor's Name)			
(Addres	es)			
(Addres	ss)			
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PICK-UP	WAIT	MAIL		
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K.SALY EXAMINER MAY - 4 2015

## **COVER LETTER**

то:			Section Corporations			
SUBJE	CT.	LP S	t. Augustine, LLC			
0000			(Name of Fo	reign Limited Liabili	ity Company)	
Dear Si	r or N	ladam:				
The enc	losed	withdra	awal and fee(s) are submitte	ed for filing.		
Please r	eturn	all corr	espondence concerning this	matter to the following	ving:	
Meloc	dy S	hanno	on			
			(Name of Person)		<del></del>	
Signa	ature	Heal	thcare, LLC			
	•		(Firm/Company)		<u> </u>	
1220	1 Blu	ıègras	ss Parkway			
			(Address)			
Louis	ville,	KY 4	0299			
	- •		(City/State and Zip Coo	ie)	<del></del>	
For furt	her in	formati	on concerning this matter, p	olease call:		
Meloc	dy S	hanno	on	502 at (	<sub>、</sub> 568-7860	
	•	(Na	ame of Person)		de & 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				
Enclose	ed is a	check	for the following amount	:		
<b>⊠</b> \$25 I	Filing	Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy		



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LP St. Augustine, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
October 17, 2014
(Date registered with Florida Department of State)
M1400007628
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)  Sandra Adams, VP/General Counsel
(Typed or printed name of signee)

Filing Fee: \$25.00