## #N14000007631

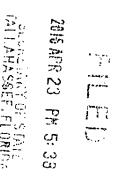
(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #	()
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name	)
(D	ocument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER MAY -4 2015

## **COVER LETTER**

TO:

TO: Registration Division of	Section Corporations		
LP G	ainesville II, LLC		
30 <b>5</b> 5EC1.	(Name of Fo	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the following	:
Melody Shanno	on		
	(Name of Person)		•
Signature Healt	hcare, LLC		
	(Firm/Company)		
12201 Bluegras	ss Parkway		
	(Address)		•
Louisville, KY 4	0299		
· · ·	(City/State and Zip Coo	le)	•
For further informati	on concerning this matter, p	olease call:	
Melody Shanno	on	502 at (	568-7860
(Na	ame of Person)	\	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu Tallahassee	Corporations	Regist Divisi P.O. B Tallah	ING ADDRESS: ration Section on of Corporations Box 6327 assee, Florida 32314
2 \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

.P Gainesville II, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
October 17, 2014
(Date registered with Florida Department of State)
M1400007631
(Florida Document Number)
his 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