

M150000000975

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

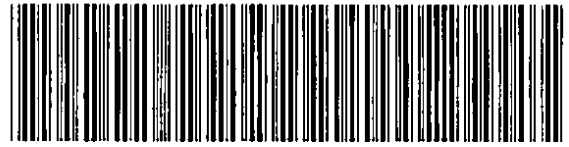
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100377211551

12/14/21--01002--012 \*\*25.00

2021 DEC 14 AM 8:49

RECEIVED  
ALABAMA  
SECRETARY OF REVENUE

2021 DEC 14 AM 10:37

RECEIVED

Withdrawal

DEC 15 2021  
ALBRITTON

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

**WALK IN**

**PICK UP:** 12/14/2021

☐ **CERTIFIED COPY**

☒ **PHOTOCOPY**

☐ **CUS**

☒ **FILING**

**LLC WITHDRAW**

1. TAMARAC I MEDICAL PROPERTIES, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**


## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tamarac I Medical Properties, 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:

Meegan T. Motisi

(Name of Person)

Kayne Anderson Real Estate

(Firm/Company)

One Town Center Road, Suite 300

(Address)

Boca Raton, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

Meegan Motisi

(Name of Person)

561

at (

(Area Code & Daytime Telephone Number)

300-6263

**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

Tamarac 1 Medical Properties, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

02-06-2015

(Date registered with Florida Department of State)

M15000000975

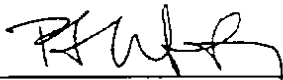
(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Peter Westmeyer

(Typed or printed name of signee)

**Filing Fee: \$25.00**