M15000000994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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CORPORATE ACCESS, INC.

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P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

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1. MELBOURNE 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: Metropolitan 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:

Meagan T. Mutsi
(Name of Person)

Kayne Anderson Real Estate
(Firm/Company)

1 Town Center Rd, Ste 300
(Address)

Boca Raton, FL 33486
(City/State and Zip Code)

For further information concerning this matter, please call:

Meagan T. Mutsi at (561) 361-6216
(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

Melbourne Medical Partners, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

February 6, 2015
(Date registered with Florida Department of State)

M10000000994
(Florida Document Number)

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

Megan Mersi
(Signature of authorized representative)

Megan T. Mersi, Authorized Person
(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: $25.00