

MIS00000 0994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

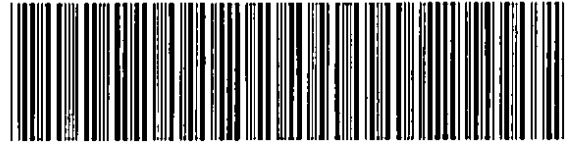
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

MIS00000 0994

Office Use Only



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12-21-18

**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: 12/20/18

- ☐ **CERTIFIED COPY** _____
- xx** **PHOTOCOPY** _____
- ☐ **CUS** _____
- xx** **FILING** **DISOLUTION** _____

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: MEDXAMME 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:

Meghan T. Motisi
(Name of Person)

Kayne Andersen Real Estate
(Firm/Company)

1 Town Center Rd, Ste 200
(Address)

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

For further information concerning this matter, please call:

Meghan T. Motisi at (561) 361-6266
(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 6227
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 Products, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

February 16, 2015
(Date registered with Florida Department of State)

MI000000994
(Florida Document Number)

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

Melissa Motisi
(Signature of authorized representative)

Bergan T. Monsi, Authorized Person
(Typed or printed name of signee)

2010 DEC 20 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00