

11500001711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

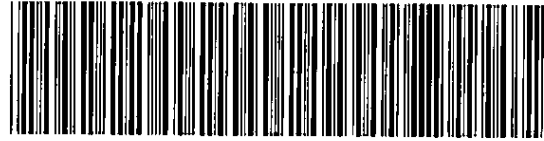
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Special Instructions to Filing Officer:

J. HORNE

JUL 25 2022

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RECEIVED
2022 JUL 22 AM 11:18
TALLAHASSEE, FLORIDA
FILED
2022 JUL 22 AM 11:56
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 828337 7490443

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : July 21, 2022

ORDER TIME : 8:45 AM

ORDER NO. : 828337-015

CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: FOUNTAINS LAKE POINTE WOODS
OWNER NT-HCI, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Fountains Lake Pointe Woods Owner NT-HCI, 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:

Ann Harrington

(Name of Person)

Santerre Health Investors

(Firm/Company)

16 East 34th Street, 18th Floor

(Address)

New York, New York 10016

(City/State and Zip Code)

For further information concerning this matter, please call:

Ann Harrington

(Name of Person)

240

479-7115

at (

_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2022 JUL 22 AM 11:57
TALLAHASSEE, FL
SECRETARY OF STATE

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fountains Lake Pointe Woods Owner NT-HCI, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

03/05/2015

(Date registered with Florida Department of State)

M15000001711

(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.

DocuSigned by:

Ann Harrington

DFDEBFF7796B4E9

(Signature of authorized representative)

Ann B. Harrington - Managing Director, General Counsel and Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00