

M15000002140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

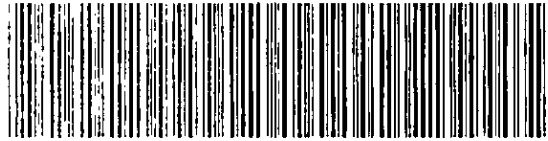
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000388439420

2022 JAN 03 11:54
2022 JAN 03 11:23

withdrawal

JAN 03 2023

D CUSHING

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

ACCOUNT NO. : I20000000195

REFERENCE : 295258 5168766

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : December 28, 2022

ORDER TIME : 9:40 AM

ORDER NO. : 295258-035

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: GREYSTONE HOME HEALTHCARE OF
GREATER ORLANDO LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

2022 DEC 28 PM 11:54

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greystone Home Healthcare of Greater Orlando 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:

Lisa Schwartz

(Name of Person)

Greystone Home Healthcare of Greater Orlando LLC

(Firm/Company)

152 West 57th Street, 60th Floor

(Address)

New York, NY 10019

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Saullo

(Name of Person)

212

649-97000

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

2022 DEC 23 11:11:54

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Greystone Home Healthcare of Greater Orlando LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

3/23/2015

(Date registered with Florida Department of State)

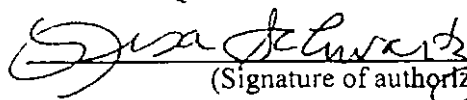
M15000002140

(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)

Lisa Schwartz, Secretary

(Typed or printed name of signee)

Filing Fee: \$25.00