

MIS 000000 7288

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

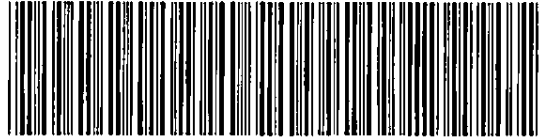
(Business Entity Name)

(Document Number)

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

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2024 JAN 31 AM 9:48  
STATE  
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RECEIVED  
2024 JAN 31 PM 3:18  
STATE  
OFFICE

S. HUNT  
C/1/31/24

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/31/2024

**\*\*WALK IN\*\***

ENTITY NAME Jacksonville 4545 Medical Properties, LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

STATE  
OFFICE  
JAN 31 AM 9:48

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25

ACCOUNT #: I20160000072

*E. R. FLO*

Please call Tina at the above number for any issues or concerns. Thank you so much!

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** JACKSONVILLE: 4545 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:

ERIKA YESS

(Name of Person)

KAYNE ANDERSON REAL ESTATE

(Firm/Company)

1 TOWN CENTER ROAD, 3RD FL.

(Address)

BOCA RATON, FL 33486

(City/State and Zip Code)

For further information concerning this matter, please call:

ERIKA YESS 561 300-6285  
 \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
 (Name of Person) (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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

JACKSONVILLE 4545 MEDICAL PROPERTIES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

SEPT 14, 2015

(Date registered with Florida Department of State)

M15000007288

(Florida Document Number)

STATE  
FL  
M15000007288  
SEP 14 2015

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.

Meghan T. Mottisi

(Signature of authorized representative)

Meghan T. Mottisi

(Typed or printed name of signee)

**Filing Fee: \$25.00**