

misouaw7767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
CORPORATION DIVISION

16 APR 21 AM 11:13

NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

2016 APR 21 A 9:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 22 2016

S MASON

file 1st  
\* do not separate  
- please

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

ACCOUNT NO. : I20000000195

REFERENCE : 111297 4727100

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : April 20, 2016

ORDER TIME : 4:44 PM

ORDER NO. : 111297-015

CUSTOMER NO: 4727100

FOREIGN FILINGS

NAME: OASIS SENIOR ADVISORS  
FRANCHISE SYSTEMS, 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: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Oasis Senior Advisors Franchise Systems, 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:

Kathlyn M. Landicho

(Name of Person)

Offit Kurman, P.A.

(Firm/Company)

8171 Maple Lawn Blvd., Suite 200

(Address)

Fulton, MD 20759

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathlyn M. Landicho

(Name of Person)

at ( 301 ) 575-0303

(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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

Oasis Senior Advisors Franchise Systems, LLC

(Name of limited liability company)

Maryland

(Jurisdiction of its organization)

09/29/2015

(Date registered with Florida Department of State)

M15000007767

(Florida Document Number)

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

  
(Signature of authorized representative)

Timothy D. Evankovich, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

**FILED**  
2015 APR 21 A 9:07  
SECRETARY OF STATE  
TAMMSESS, FLORIDA