

M16000004803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

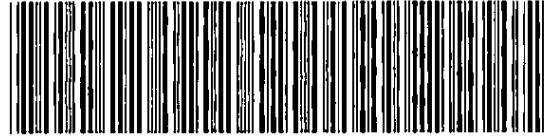
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900325345229

FILED

2019 FEB 26 A 7 43 19 FEB 26 PM 4:11

RECEIVED

2/27/19



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/26/2019

Name: Merritt Walker

Reference #: 1051137

Entity Name: REPLACEMENT ST LUKE GP LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE

FILED
2019 FEB 26 A 7 43

Authorized Amount: \$55

Signature: MMW



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 02/26/2019

Name: Merritt Walker

Reference #: 1051137

Entity Name: REPLACEMENT ST LUKE GP LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF FILING EVIDENCE

FILED
2019 FEB 26 A 7:43

Authorized Amount: \$55

Signature: *MW*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Replacement St Luke GP 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:

Joanne D. Flanagan

(Name of Person)

JDF, LLC

(Firm/Company)

777 West Putnam Avenue

(Address)

Greenwich, CT 06830

(City/State and Zip Code)

For further information concerning this matter, please call:

Brian P. Myers

(Name of Person)

at (203)

869-0900

(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:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2019 FEB 26 A 7 43

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Replacement St. Luke GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

June 13, 2016

(Date registered with Florida Department of State)

M1600004803

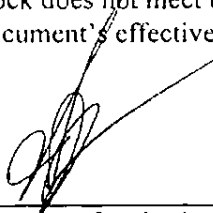
(Florida Document Number)

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)

Brian P. Myers

(Typed or printed name of signee)

2016 JUN 24 A 7:13

FILED

Filing Fee: \$25.00