M16000007329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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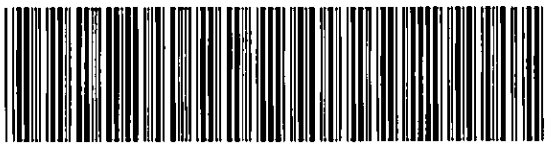

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CORPORATE ACCESS, INC.

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- ☐ **CERTIFIED COPY** _____
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- XX **FILING** LLC WITHDRAWAL

1. **TAMPA MEDICAL PROPERTIES, LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Tampa Medical Properties, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/15/2016

(Date registered with Florida Department of State)

M16000007329

(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: Upon 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.

FILED

Meegan Moti

(Signature of authorized representative)

Meegan T. Motisi

(Typed or printed name of signee)

Filing Fee: $25.00