

M16000007374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

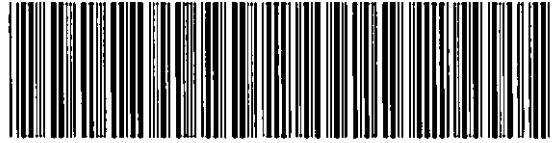
(Business Entity Name)

(Document Number)

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- CERTIFIED COPY _____
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1. WEST PALM BEACH 5235 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

West Palm Beach 5325 Medical Properties, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/15/2016

(Date registered with Florida Department of State)

M16000007374

(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.



(Signature of authorized representative)

Mcegan T. Motisi

(Typed or printed name of signee)

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Filing Fee: \$25.00