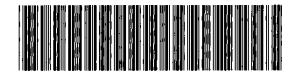
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | ilina Officer: | |
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Office Use Only



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DEPARTMENT OF SHAT

SECRETARY OF STATE

K. SALY APR 25 2017

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

| $\not\boxtimes$ | CERTIFIED COPY | · · · · · · · · · · · · · · · · · · · |
|-----------------|---|---------------------------------------|
| | РНОТОСОРУ | |
| | CUS | |
| X | FILING | Withdrawa (|
| _ | 1110 Fort Walton (CORPORATE NAME AND DOCUMENT | Medical Properties, LLC |
| _ | | |
| | (CORPORATE NAME AND DOCUMENT | #) |
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COVER LETTER

| Division of | f Corporations | | |
|---|--|---|---|
| | | | |
| SUBJECT: <u>1110</u> | Fort Walton Medical Proj | | |
| | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdo | rawal and fee(s) are submitte | d for filing. | |
| Please return all cor | respondence concerning this | matter to the following | : |
| | Jessica French | | |
| | (Name of Person) | | |
| Ka | yne Anderson Real Estate Ad | visors | |
| | (Firm/Company) | | |
| One | Town Center Road, STE | 300 | |
| | (Address) | | |
| | Boca Raton, FL 33486 | | |
| | (City/State and Zip Coo | le) | |
| For further informat | ion concerning this matter, p | lease call: | |
| Jessica French | | at (561 |) 300-6255 |
| (N | ame of Person) | (Area Code & | Daytime Telephone Number) |
| STREET/ | COURIER ADDRESS: | | ING ADDRESS: |
| Registration Section Registration Section | | | |
| | Corporations | Division of Corporations | |
| Clifton Bui | iding ative Center Circle | P.O. Box 6327 Tallahassee, Florida 32314 | |
| | e, Florida 32301 | Tanan | dasce, i forida 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 |



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| 1110 Fort Walton Medical Properties, LLC |
|---|
| (Name of limited liability company) |
| Delawar <i>e</i> |
| (Jurisdiction of its organization) |
| April 7, 2015 |
| (Date registered with Florida Department of State) |
| M17000003020 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) |
| Meegan T. Motisi, Authorized Person |
| (Typed or printed name of signee) |

Filing Fee: \$25.00