M22000001214

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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November 2, 2023

DOUG ZEIF EQUAL MEASURES PARTNERS 6574 N. STATE ROAD 7, SUITE 415 COCONUT CREEK, FL 33073

SUBJECT: P3 HOSPITALITY VENTURES, LLC

Ref. Number: M22000001214

We have received your document for P3 HOSPITALITY VENTURES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 823A00025535

Neysa Culligan Regulatory Specialist III

COVED 4 ETTED

COVERTEITER		
TO: Registration Section Division of Corporations		
SUBJECT: P3 Hospital Ventures, LC (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:		
Dou 6 ZETF (Name of Person)		
EQUAL MEASURE FALMERS (Firm/Company)		
4574 N. STATE RD 7, BOX 415		
COCONUT CLEEK FL 33073 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Doug Verf at 561, 302-7491 (Name of Person) (Area Code & Daytime Telephone Number)		
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations		

The Centre of Tallahassee

Tallahassee, FL 32303

□\$55 Filing Fee & □ \$60 Filing Fee.

2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

S30 Filing Fee &

Tallahassee, FL 32314

P.O. Box 6327

□\$25 Filing Fee

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

P3 Hospital ITY UENTURE (Name of limited liability company)	3,uc
DELAWARE (Jurisdiction of its organization)	
(Date registered with Florida Department of S	State)
M 220000 214 (Florida Document Number)	
This limited liability company is withdrawing its certificate of authorized	ority in this state.
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable this date will not be listed as the document's effective date on the D	statutory filing requirements,
(Signature of authorized representative	2023 NOV 20 TALLAHASS
DOULUS (ZE)F	Ŧ. Z

Filing Fee: \$25.00