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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

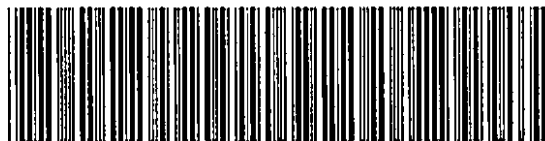
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 JUL 19 PM 4:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

D BRUCE  
JUL 26 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KINDRED NURSING CENTERS EAST, 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:

BETH PAYTON

\_\_\_\_\_  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

680 SOUTH FOURTH STREET

\_\_\_\_\_  
(Address)

LOUISVILLE, KY 40202

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

ROSE MICHELS

\_\_\_\_\_  
(Name of Person)

at ( 502 ) 596-7826  
\_\_\_\_\_  
(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

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TALLAHASSEE FLORIDA

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KINDRED NURSING CENTERS EAST, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

3/24/1998

(Date registered with Florida Department of State)

M98000000275

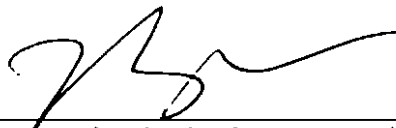
(Florida Document Number)

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)

Michael Bean

(Typed or printed name of signee)

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TALLAHASSEE FLORIDA

Filing Fee: \$25.00

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"KINDRED NURSING CENTERS EAST, L.L.C.", A DELAWARE LIMITED LIABILITY COMPANY,

WITH AND INTO "KHOI NEW LIMITED PARTNERSHIP" UNDER THE NAME OF "KHOI NEW LIMITED PARTNERSHIP", A LIMITED PARTNERSHIP ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE ON THE SECOND DAY OF JULY, A.D. 2018, AT 10:28 O'CLOCK A.M.



  
Jeffrey W. Bullock, Secretary of State

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SR# 20185465418

Authentication: 202994530  
Date: 07-02-18