

m99000000312

V-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

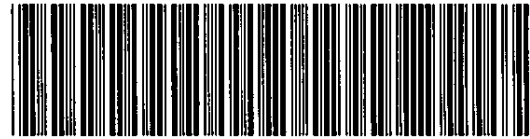
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 NOV 19 AM 11:54
FALLAHASSETT, CONN.

B. BOSTICK

NOV 20 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Prime Health Care Capital, 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:

Stephanie Papoulis

(Name of Person)

Senior Care Group, Inc.

(Firm/Company)

1240 Marbella Plaza Drive

(Address)

Tampa, FL 33619

(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie Papoulis

(Name of Person)

at (813) 341-2700

(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

RECEIVED
TALLAHASSEE, FL
NOV 18 2013

2013 NOV 18 AM 11:54

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

Prime Health Care Capital, LLC

(Name of limited liability company)

Florida and Georgia

(Jurisdiction of its organization)

M99000000312

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

1240 Marbella Plaza Drive

(Mailing address)

Tampa, FL 33619

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

David R. Vaughan

(Typed or printed name of signee)

2015 NOV 18 AM 11:54
TALLAHASSEE, FLORIDA

2015 NOV 18 AM 11:54

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Drive

Atlanta, Georgia 30334-1530

CERTIFICATE OF VOLUNTARY TERMINATION

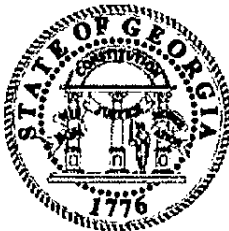
I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

PRIME HEALTH CARE CAPITAL, L.L.C.

a Domestic Limited Liability Company

has been duly terminated on 10/27/2011 under the laws of the State of Georgia by the filing of documents in the office of the Secretary of State and by the paying of fees as required by the Official Code of Georgia Annotated and the Rules and Regulations promulgated there under. Attached hereto is a true and correct copy of said documents.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on October 27, 2011



Brian P. Kemp
Secretary of State

2013 NOV 18 AM 11:54
TALLAHASSEE, FLORIDA



Brian P. Kemp
Secretary Of State

Office Of The Secretary Of State
Corporations Division

Certificate Of Termination

11 OCT 27 PM 5:07

Article One

The Name Of The Limited Liability Company Is:

Prime Health Care Capital, LLC

Article Two

All known debts, liabilities and obligations of the limited liability company have been paid or adequate provision made therefore.

Article Three

There are no actions pending against the limited liability company in any court.

IN WITNESS WHEREOF, the undersigned has executed this Certificate Of Termination

On 10/24/2011
(Date)

David W. Knight
(Signature And Capacity In Which Signing)

Chairman of the Board
and Managing Member

State of Georgia
With/Term/Dissolve 1 Page(s)

CD 415



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STATE OF GEORGIA
TALLAHASSEE, FLORIDA

2013 NOV 18 AM 11:54