

M99000001006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

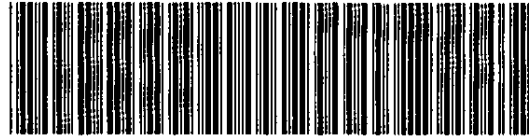
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2010 JUN 18 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 21 2010

EXAMINER



June 14, 2010

Florida Department of State
Registration Section
Divisions of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Applications for Withdrawal
FL No: M99000001006: Coral Gables Emergency Services, LLC
FL No: M04000000413: Sterling Group Clinic Services, LLC

Sir/Madam:

Included with this letter are two Applications for Withdrawal in the State of Florida for the entities listed above, and payment in the amount of \$60 to include a Certificate of Status.

If you have any questions regarding these documents please contact Leslie Carzoli at 904-805-1271 or via email at legal@hppartners.com.

Sincerely,

A handwritten signature in cursive script, appearing to read "Cathleen Brown".

Cathleen Brown
Legal & Tax Research Analyst

Enc:
2 Applications for Withdrawal, check

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coral Gables Emergency Services, 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:

Leslie Carzoll

(Name of Person)

Hospital Physician Partners

(Firm/Company)

6400 Atlantic Blvd

(Address)

Jacksonville, FL 32211

(City/State and Zip Code)

For further information concerning this matter, please call:

Leslie Carzoll

(Name of Person)

at (904 -) 805-1271

(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

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

Coral Gables Emergency Services, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

M99000001006

(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.

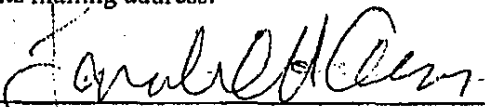
Attn: Legal Department, 6400 Atlantic Blvd

(Mailing address)

Jacksonville, FL 32211

(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)

Sterling Group Physician Services, LLC, Member: By Sarah C.H. Crass, VP

(Typed or printed name of signee)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00