	equestor's Name)			
(176	equestors Name)			
(Address)				
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #)		
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(Bı	isiness Entity Name)		
(Do	ocument Number)			
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SECRETARISSEE FLORIDA

D. SCOTT AUG 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 764673 AUTHORIZATION : COST LIMIT : \$ 52.50 ORDER DATE: August 11, 2017 ORDER TIME : 9:25 AM ORDER NO. : 764673-020 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: HCRI SUN TWO MCCANDLESS PA SENIOR LIVING, LP _ CORPORATE XX LIMITED PARTNERSHIP _____ LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

TO: Registration Section

Tallahassee, FL 32301

Division of Corporations

SUBJECT: HCRI Sun Two McCandless PA Senior Living, LP

(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Aurora Kurth	1					
-	(Contact Person)					
Welltower, Inc) .					
	(Firm/Company)					
4500 Dorr St			5-ia	17		
(Address)				든길	_	
Toledo, OH	43615				AUG	-
(City, State and Zip Code)				<u>22</u>	-	j
					圣	1
For further informat	ion concerning this ma	itter, please call:		(S.)	φ	
Aurora Kurth		_{at (} 419)2	47-5724	STATE OF THE STATE	26	
(Name of Contact Person)		(Area Code and Daytime Telephone Number)				
Enclosed is a check	for the following amo	unt:				
S52.50 Filing Fee	S61.25 Filing Fee and Certificate of Status	\$105.00 Filing Fed and Certified Copy				
STREET ADDRES	SS:	MAILING	GADDRESS:			
Registration Section		Registration Section				
Division of Corporations		Division of Corporations				
Clifton Building		P. O. Box 6327				
2661 Executive Center Circle		Tallahassee FL 32314				

Tallahassee, FL 32314

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

HCRI Sun Two McCandle	ess PA Seni	or Living IP	
<u> </u>		imited liability limited parts	nership)
(Florida Docume	nt Number of the F	Foreign LP or LLLP)	
Delaware		-	
· (J	urisdiction of form	ation)	· ·
10/24/2011			
(Date author	ized to transact bu	siness in Florida)	
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.	•	•	_
This entity appoints the Florida Deprights of action arising out of the tra		-	e of process for
Effective date, if other than the date (Fffective date cannot be prior to nor more Department of State.)	e of filing: e than 90 days afte	r the date this document is f	iled by the Florida
NOTE: If the date inserted in this requirements, this date will not be I Department of State's records.			-
Signature of a general partner: HCF	RI Sun Two Mc	Candless PA Senior Liv	ving, LP
Ourcey 10 Chile		_	
Typed or printed name:			
Tracy W. Carte, Authorized Person of t	the general partne	er	AES 5
Filing Fee: Certified Copy (optional): Certificate of Status (optional):	\$52.50 \$52.50 \$8.75		AUG 14 A