

(Requestor's Name)
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(Business Entity Name)
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2017 AUG 14 PH 2: 12

n RRUCE AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

XXXX WITHDRAWAL/CANCELLATION

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Melissa Zender - EXT#

Phone: 850-558-1500

	ACCOUNT NO.  REFERENCE  AUTHORIZATION		120000000195 765551 7	775001	
	COST LIMIT	:	\$ 25.00		
ORDER DATE :	August 14, 2017				
ORDER TIME :	1:0 PM				
ORDER NO. :	765551-245			2017 A SECT	$\neg$
CUSTOMER NO:	7775081			MIT AUG TH	FILE
	FOREIGN I		<u>:NGS</u>	A 9 12	
NAME:	SUNRISE GAHAN LIVING, L.L.(		ASSISTED		
CORPORA					
	PARTNERSHIP	77.7			
XXX LIMITED	LIABILITY COMPAN	ΝY			

EXAMINER:

## FILED

## **COVER LETTER**

Division of	Corporations				
Sunri	ise Gahanna Assisted	Living, L.L.C.			
SOBJECT:	(Name of For	reign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	d for filing.			
Please return all corr	respondence concerning this	matter to the following	Ţ.		
Aurora Kurth					
-	(Name of Person)	, <u>-</u>	-		
Welltower Inc.					
	(Firm/Company)	<del>-</del>	-		
4500 Dorr Stre	et				
	(Address)	·	_	2811 TAL	
Toledo, OH 43	615			2017 AUG TU SECRETARÈ	7
	(City/State and Zip Cod	e)	-	VISSE VIST	
For further informati	ion concerning this matter, p	lease call:		A 9 MIS TO	ζ,
Aurora Kurth		419	247-5724	ATE RIDA	
(N	ame of Person)		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	Certificate of Certified Cop	Status &	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunrise Gananna Assisted Living, L.L.U.	
(Name of limited liability company)	_
Ohio	
(Jurisdiction of its organization)	_
02/16/2011	
(Date registered with Florida Department of State)	
M11000000807	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
Tracy W. Carte, Authorized Signature  (Typed or printed name of signee)	FILED

Filing Fee: \$25.00