## 111000005321

(Re	questor's Name)	<del></del>
(Ad	dress)	
(Ad	dress)	<u></u>
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	· · · · ·
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	

Office Use Only



700302415027

2017 AUG 14 AM 9: 14

2017 AUG 14 PM 2: 09

K. SALY AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CUSTOMER NO: 7775081

Phone: 850-558-1500

ORDER

ORDER

ORDER

		ACCOUNT NO.	:	I2000000195			
		REFERENCE	:	765551	7775081		
		AUTHORIZATION	;	Charles	1		
		COST LIMIT	:	\$ (25.00	ende		
DATE	:	August 14, 2017					
TIME	:	12:48 PM					
NO.	:	765551-125					

## FOREIGN FILINGS

	NAME:	HCRI	SUN '	IWO	POOL	ONE	GP,	LLC
	20DD0D1	1974						
	CORPORAT	E						
	LIMITED	PARTNER.	SHIP					
XXX	LIMITED	LTARTLT	TY COM	ираи	V			
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XXXX W	ITHDRAWA	L/CANCE	LLATI(	ON				
PLEASE	RETURN	THE FOLI	LOWING	3 AS	PROC	F OF	FII	ING:
	CERTIF	TED COP	y.					
XX	<del></del>							
$\overline{\mathbf{v}}$		STAMPED						
	_ CERTIF	ICATE O	F STAT	rus				

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

## **COVER LETTER**

	gistration S vision of Co	ection orporations						
SUBJECT:	HCRI Sun Two Pool One GP, LLC							
30000001		(Name of For	eign Limited Liability (	Company)				
Dear Sir or l	Madam:							
The enclosed	d withdraw	al and fee(s) are submitted	d for filing.					
Please return	n all corres	pondence concerning this	matter to the following					
Aurora K	urth							
		(Name of Person)						
Welltowe	er Inc.							
	<u>,.</u>	(Firm/Company)						
4500 Do	rr Street							
	<u>.</u>	(Address)						
Toledo, (	OH 4361	5						
		(City/State and Zip Cod	e)					
For further i	nformation	concerning this matter, p	lease call:					
Aurora K	urth		419 at (	247-5724				
	(Nam	e of Person)	(Area Code &	Daytime Telephone Number)				
Rej Div Cli 266	gistration S vision of Co fton Buildi 51 Executiv	orporations	Regist Divisio P.O. B	JING ADDRESS: ration Section on of Corporations fox 6327 assee, Florida 32314				
Enclosed is	a check fo	r the following amount:						
□ \$25 Filin	g Fee	□ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy				



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HCRI Sun Two Pool One GP, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
10/24/2011
(Date registered with Florida Department of State)
M11000005321
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Onary 10 Cheta  EBABIEFF 1E4C425 (Signature of authorized representative)  Tracy W. Carte, Authorized Signatory
(Typed or printed name of signee)

Filing Fee: \$25.00