

M100005332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

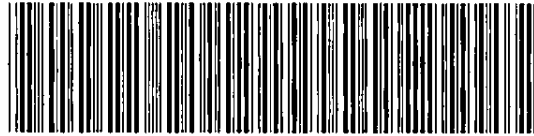
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400302488804

FILED

17 AUG 14 AM 9:41

DIVISION OF CORPORATIONS

17 AUG 14 PM 2:12

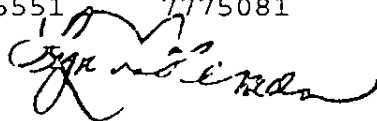
2017 AUG 14 PM 2:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

O SIMMONS

AUG 15 2017

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 765551 7775081  
AUTHORIZATION :   
COST LIMIT : \$ 25.00

ORDER DATE : August 14, 2017

ORDER TIME : 12:58 PM

ORDER NO. : 765551-225

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: SUNRISE BLOOMFIELD SOUTH MI  
SENIOR LIVING, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sunrise Bloomfield South MI Senior Living, 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:

Aurora Kurth

\_\_\_\_\_  
(Name of Person)

Welltower Inc.

\_\_\_\_\_  
(Firm/Company)

4500 Dorr Street

\_\_\_\_\_  
(Address)

Toledo, OH 43615

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aurora Kurth

\_\_\_\_\_  
(Name of Person)

at ( 419 ) 247-5724  
\_\_\_\_\_  
(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:

- |                                          |                                                                     |                                                              |                                                                                        |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunrise Bloomfield South MI Senior Living, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/24/2011

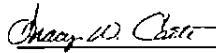
(Date registered with Florida Department of State)

M11000005322

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

DocuSigned by:



E9A81EFF1E4C425

(Signature of authorized representative)

Tracy W. Carte, Authorized Signatory

(Typed or printed name of signee)

FILED  
17 AUG 14 AM 9:41  
DIVISION OF CORPORATE AFFAIRS

Filing Fee: \$25.00