

M130000619

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

(Document Number)

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16 APR 21 AM 11:12  
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2016 APR 21 P 12:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 22 2016  
J. BRUCE

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

ACCOUNT NO. : I20000000195  
REFERENCE : 111789 7580356  
AUTHORIZATION : *Sydney Clemon*  
COST LIMIT : \$ 25.00

ORDER DATE : April 21, 2016  
ORDER TIME : 9:21 AM  
ORDER NO. : 111789-010  
CUSTOMER NO: 7580356

FOREIGN FILINGS

NAME: AMERICAN REALTY CAPITAL  
HEALTHCARE SPECIAL LIMITED  
PARTNERSHIP, 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: Courtney Williams - EXT# 62935

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT: American Realty Capital Healthcare Special Limited Partnership, 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:

**Carla A. Thomas**

(Name of Person)

**AR Global**

(Firm/Company)

**7621 Little Ave, Suite 200**

(Address)

**Charlotte, NC 28226**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Akomea Poku-Kankam**

(Name of Person)

at ( **704** ) **626-4401**

(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

2018 APR 21 P 12:12  
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 TALLAHASSEE, FLORIDA  
**FILED**

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

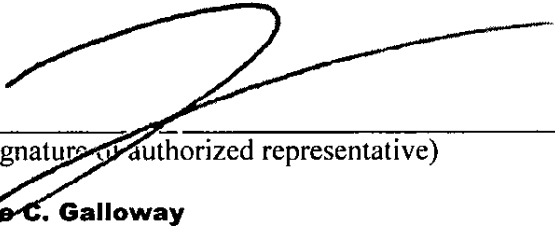
**American Realty Capital Healthcare Special Limited Partnership, LLC**  
(Name of limited liability company)

**Delaware**  
(Jurisdiction of its organization)

**10/18/2013**  
(Date registered with Florida Department of State)

**M13000006619**  
(Florida Document Number)

This limited liability com



(Signature of authorized representative)

**Jesse C. Galloway**

(Typed or printed name of signee)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 APR 21 P 12:12

**FILED**

**Filing Fee: \$25.00**