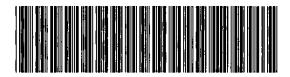
# L13000016074

(Re	questor's Name)		
(Ad	dress)		
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(Ĉit	y/State/Zip/Phone	e #)	
	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

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Y SULKER



#### FLORIDA DEPARTMENT OF STATE **Division of Corporations**

August 19, 2016

CAPITOL CORPORATE SERVICES, INC. ATTN: RHONDA PEIRCE PO BOX 1831 AUSTIN, TX 78767

SUBJECT: VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT COMPANY, LLC

Ref. Number: L13000016074

We have received your document for VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 816A00017659

Yasemin Y Sulker Regulatory Specialist II

www.sunbiz.org



#### Resignation of Registered Agent for a **Limited Liability Company**

Capitol Corporate Services, Inc.

PO Box 1831 Austin, TX 78767

Phone: 800-345-4647 Fax: 800-432-3622

regagent@capitolservices.com

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

DATE: STATE: 8/15/2016 **FLORIDA** 

**REP UNIT:** 

**VALIDUS SENIOR LIVING REIT** 

INVESTMENT MANAGEMENT

COMPANY, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 27757 in the amount of \$85,00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc. PO Box 1831 Austin, TX 78767



### **COVER LETTER**

TO: Regis	stration Section sion of Corporations	
SUBJECT:		EIT INVESTMENT MANAGEMENT PANY, LLC
•	Name of Limi	ted Liability Company
DOCUMEN	NT NUMBER: <u>L13000016074</u>	
The enclosed for filing.	d Resignation of Registered Agent for	or a Limited Liability Company and fee are submitted
Please return	all correspondence concerning this	matter to the following:
Rhonda Pe	eirce Name of Person	<del></del>
Capitol Co	rporate Services, Inc. (Register Name of Firm/Company	red Agent Dept.)
PO Box 18	Address	
Austin, TX	78767 City/State and Zip Code	been and
rpeirce@ca E-mail ad	apitolservices.com Idress: (to be used for future annual report n	otification)
For further in	nformation concerning this matter, p	lease call:
Rhonda Pe	eirce at (	800 345-4647 Area Code Daytime Telephone Number
Enclosed is a liability compliability compliant.	pany or \$25.00 for an administrative	Department of State for \$85.00 for an active limited sly dissolved, voluntarily dissolved or withdrawn limited
MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle
		Tallahassee, FL 32301

INHS17 (2/14)

## STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	sions of section 605.0115, Florida Statutes, the undersigned,	
Сарі	itol Corporate Services, Inc. , hereby resigns as	
	Name of Registered Agent	
Registered Agent for	istered Agent for VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT COMPANY, LLC	
	Name of the Limited Liability Company	<del></del>
Document	00016074 t Number, if known ation was mailed to the above listed limited liability company at its last known	address.
The agency is termina	ated and the office discontinued on the 31st day after the date on which this sta	
If signing on behalf o	Signature of Resigning Agent of an entity:	SEP 12 PM 4
	Jason Fischer Typed or Printed Name	
	Assistant Secretary	÷.
	Capacity	

### FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314