

1/12/2021

Division of Corporations

# A9800001589

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**REGISTERED AGENT RESIGNATION  
AMERICAN SENIOR LIVING LIMITED PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED PARTNERSHIP

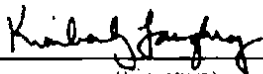
Pursuant to the provisions of section 620.1051(2), Florida Statutes, the undersigned,

C T CORPORATION SYSTEM, hereby resigns as Registered  
(Name of Registered Agent)

Agent for AMERICAN SENIOR LIVING LIMITED PARTNERSHIP  
  
(Name of Limited Partnership)

A copy of this resignation was mailed to the above listed partnership at its last known address.  
The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

C T CORPORATION SYSTEM

  
(Signature)  
Kimberly Laughrey  
ASSISTANT SECRETARY

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

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