318000000002

Office Use Only



600398125856

12/13/22--01012--017 **105.80

FEB 11 2023 M. SOLOMON

2022 DEC 13 AH KO: 20

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Care RSL Tampa PropCo (Name of Foreign Limited Partnership	LP p or Limited Liability Limited Partnership)
The enclosed Notice of Cancellation and fe	ce(s) are submitted for filing.
Please return all correspondence concerning	ig this matter to:
Leigh Ann Conaway	
(Contact Person)	
Invesque	
(Firm/Company)	~:
8701 E. 116th Street, Suite 260	
(Address)	
Fishers, IN 46038	
(City, State and Zip Code)	•
For further information concerning this ma	atter, please call:
Leigh Ann Conaway	at (31) 643-6343
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amou	unt:
■ \$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status	S105 00 Filing Fee \$113.75 Filing Fee. and Certified Copy Certified Copy, and Certificate of Status
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

2022 DEC 13 AH 10: 20

NOTICE OF CANCELLATION FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Care RSL Tampa Prop	Co LP		
(Name of foreign limited p	partnership or lin	niled liability limited partnersh	ip)
B18000000021			
(Florida Docume	ent Number of th	ne Foreign LP or LLLP)	·
Delaware			٠.
()	urisdiction of fo	rnation)	
February 5, 20	18		»-
(Date author	ized to transact	business in Florida)	11
This foreign limited partnership or transacting business in Florida and s. 620.1907, F.S.			
This entity appoints the Florida Deprights of action arising out of the tra		_	of process for
Effective date, if other than the date (Effective date cannot be prior to nor more Department of State.)	e of filing: e than 90 days a	fier the date this document is fit	led by the Florida
NOTE: If the date inserted in this requirements, this date will not be I Department of State's records.			
Signature of a general partner:	/		
Typed or printed name:			
Scott D. Higgs, CFO & author Care RSL PropCo GP LLC	orized agent c	of the general partner.	
Filing Fee:	\$52.50		
Certified Copy (optional):	\$52.50		
Certificate of Status (optional):	\$8.75	1	