

DO6000000026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

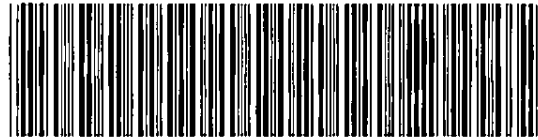
(Business Entity Name)

(Document Number)

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

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Office Use Only



500442602505

FILED

2025 JAN 17 AM 8:44

STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2025 JAN 17 AM 11:28

STATE  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : 120000000195

REFERENCE : 862210 4805411

AUTHORIZATION :

COST LIMIT : \$ 35.0

*Freddie*  
*Approved it more*

ORDER DATE : December 27, 2024

ORDER TIME : 10:35 AM

ORDER NO. : 862210-200

CUSTOMER NO: 4805411

FOREIGN FILINGS

NAME: FIVE STAR QUALITY CARE TRUST

☐ 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: Shauna Godbolt - EXT#

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

**APPLICATION BY FOREIGN BUSINESS TRUST FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Five Star Quality Care Trust  
(Name of Business Trust)

D06000000026  
(Document Number of Business Trust, if known)

Maryland  
(Organized Under Laws of)

This business trust is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This business trust revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the business trust:

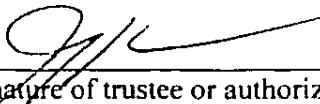
**Two Newton Place  
255 Washington Street, Suite 230**

\_\_\_\_\_  
(Mailing Address)  
**Newton, MA 02458**

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

**FILED**  
**2025 JAN 17 AM 8:44**  
**DEPARTMENT OF STATE**  
**TALLAHASSEE, FLORIDA**

The business trust agrees to notify the Department of State in the future of any change in its mailing address.

  
\_\_\_\_\_  
(Signature of trustee or authorized officer)

Jeffrey C. Leer

\_\_\_\_\_  
(Typed or printed name of person signing)

**1/16/25**  
\_\_\_\_\_  
(Date)

President and Chief Executive Officer

\_\_\_\_\_  
(Title of person signing)

862210