

D0900000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

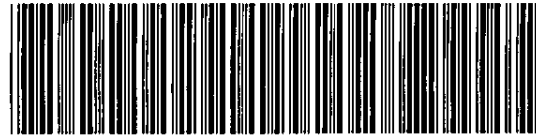
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



300221668023

02/23/12--01024--007 **35.00

RECEIVED
DEPARTMENT OF STATE
12 FEB 23 PM 12:57

FILED
12 FEB 17 PM 1:35
SECRETARY OF STATE
MAIL ROOM
CLERK

Withdrawal
of
Dec. of Trust
02/23/12
D.



Wolters Kluwer
Corporate Legal Services

CT Corporation

515 East Park Avenue
Tallahassee, FL

850 222 1092 tel
850 222 7615 fax
www.ctcorporation.com

February 23, 2012

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 8392923 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

CapitalSource Healthcare REIT (MD)
Withdrawal
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

RE-SUBMIT
Please retain original filing
date of submission 2/17

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CAPITALSOURCE HEALTHCARE REIT

(Name of Corporation)

DOCUMENT NUMBER: D09000000011

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carolyn Silva

(Name of Person)

CapitalSource

(Firm/Company)

5404 Wisconsin Avenue, 2nd Floor

(Address)

Chevy Chase, MD 20815

(City/State and Zip code)

For further information concerning this matter, please call:

Carolyn Silva

(Name of Person)

at (301) 841-2765

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

MAILING ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Declaration of Trust
**APPLICATION BY ~~FOREIGN CORPORATION~~ FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

CAPITALSOURCE HEALTHCARE REIT

(Name of Corporation)

D09000000011

(Document Number of Corporation (if known))

Maryland

(Incorporated Under Laws of)

This corporation 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 corporation~~ ^{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 ~~corporation~~ ^{trust}:

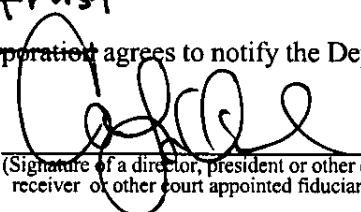
5404 Wisconsin Avenue, 2nd Floor

(Mailing Address)

Chevy Chase, MD 20815

(City/ State /Zip)

~~The corporation~~ ^{trust} agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

February 17, 2012

(Date)

Carolyn Silva

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35