

D22000000060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

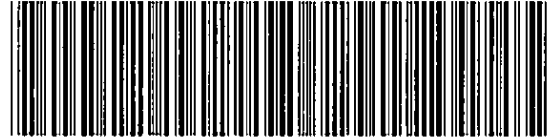
(Document Number)

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9/29/2022



Filing Cover Sheet

To: Florida Division of Corporations

From: LESLIE SELLERS C/O Capitol Services, Inc.

Date: 9/28/2022

Trans#: 1330044

Entity Name: INSPIRED SENIOR LIVING OF WELLINGTON DST

Articles of Incorporation ()

Articles of Dissolution ()

Conversion ()

Foreign Qualification ()

Limited Partnership ()

Reinstatement ()

Other ()

Articles of Amendment ()

Annual Report ()

Fictitious Name ()

Limited Liability ()

Merger ()

Withdrawal / Cancellation (XXX) :

General Partnership ()

STATE FEES PREPAID WITH CHECK #2981 FOR \$43.75

PLEASE RETURN:

Certified Copy (xxx) : Plain Photocopy ()

Good Standing () Certificate of Fact ()

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

Inspired Senior Living of Wellington DST

(Name of Foreign Trust)

D22000000060

(Document Number of Foreign Trust (if known))

Delaware

(Incorporated Under Laws of)

2022
SEP
28
FRI
10:17

This foreign 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 foreign 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 foreign trust:

1201 N. Orange St., Suite 7044

(Mailing Address)

Wilmington, DE 19801

(City/ State /Zip)

The foreign 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)

Chris Sorensen

(Typed or printed name of person signing)

09/28/2022

(Date)

**Manager of Sorensen Entity
Services LLC, trustee**

(Title of person signing)

FILING FEE \$35