Florida Department of State

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DISSOLUTION OR WITHDRAWAL ASSISTED LIVING CONCEPTS, INC.

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COVER LETTER

	Amendment Section Division of Corporations		
SUBJE	CT: Assisted Living Concepts, Inc.		
		(Name of Corporation)
DOCU	MENT NUMBER: F12000004868		·
The end	closed withdrawal application and	fee are submitted for fi	ling.
	return all correspondence concerning to the following:	g this	
	Catherine Ledyard		
	Skadden Arps Slate Mea	(Name of Person)	
	Skadden Alps State Mea	(Firm/Company)	
	One Bedanii Carea	(I iiiib Company)	,
	One Rodney Square	(Address)	
	N- 1	(**************************************	
	Wilmington, DE 19801	City/State and Zip code)
For fur	ther information concerning this mat	tter, please call:	·
		at ()_	e & Daytime Telephone Number)
Enclose	(Name of Person) ed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)
□\$35	Filing Fee \$\sum \$\\$43.75\$ Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

Assisted Living Concepts, Inc.

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

	(Name of Corporation)	
F12	000004868	
	(Document Number of Corporation (if known)	-
Nev	ada (Incorporated Under Laws of)	
	tion is no longer transacting business or conducting affairs within the Staturrenders its authority to transact business or conduct affairs in Florida.	e of Florida and hereb
appoints the	tion revokes the authority of its registered agent in Florida to accept se Department of State as its agent for service of process based on a cause of as authorized to transact business or conduct affairs in Florida.	
		整路 式
The following	g is a current mailing address for the corporation:	3 TH
w	140 N8981 Lifly Road	京 一
	(Mailing Address)	
M	enomonee Falls, WI 53501	ြာတ္က မွား 🧲
	(City/ State /Zip)	- 10 - N
	(,-	
The corporation	n agrees to notify the Department of State in the future of any change in	its mailing address.
(Ag	n and Paris	•
(Signatur receiver	e of a director, president or other officer - if in the hands of a or other court appointed (Iduciary, by that fiduciary)	nte)
Ronald	((PA) PONGOT!	
(Typed or printed name of person signing) (Title of p	person signing)
	FILING FER \$35	

FILING FEE \$35