F95000005,832 Requester's Name Address City/State/Zip Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Walk in Pick up time Certified Copy Will wait Mail out Photocopy Certificate of Status **NEW FILINGS** AMENDMENTS Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Reinstatement Trademark Other

CR2E031(7/97)

**Examiner's Initials** 

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

Sun Coast Retirement, Inc. (Name of Corporation)	
(Name of Corporation)	, -,
$\wedge$ .	
(Incorporated Under Laws Of)	
(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 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.	
arrang dataing the time it was authorized to transact ousiness or conduct affairs in Florida.	
The following is a current mailing address to which the Department of State may mail a copy of	
any process against this corporation that may be served on the Department.	
Free or against this corporation that may be served on the Department.	
AFR APR	racy in
181 5 4 6 16	
(Mailing Address)	Çuman
	Season Se
Albuqueeque N/MA CT129	9.8.
Albuquerque, VM 87109 50 00	
Albuquerque VM 87109 55 23	
DET OF	
The corporation agrees to notify the Department of State in the future of any change in its mailing	
address to notify the Department of State in the future of any change in its mailing	

The address.

Signature of the chairman or vice chairman of the board, president, or any officer.