F91000000512

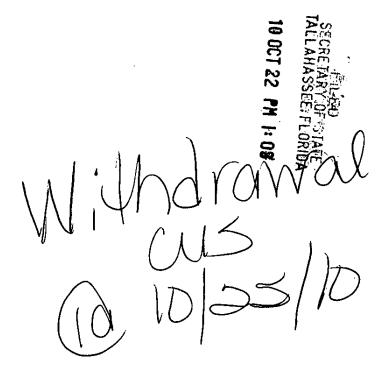
, (Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
,				





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10/22/10--01029--004 **35.00



COVER LETTER

	nendment Section vision of Corporations		
SUBJECT: ARVIM, Inc.			
DOCUMENT NUMBER:		(Name of Corporation)	
		F9700000512	
The enclos	sed withdrawal application and	fee are submitted for filing.	
	arn all correspondence concernir he following:	g this	
	Diane Morris, Corporate	Paralegal	
_		(Name of Person)	
P	Atria Senior Living Group	, Inc.	
_		(Firm/Company)	
4	01 S. Fourth Street, Su	te 1900	
_		(Address)	
L.	ouisville, KY 40202		
-		City/State and Zip code)	
For furthe	r information concerning this ma	tter, please call:	
Diane N	Morris	at (502) 779-7687	
	(Name of Person)	(Area Code & Daytime Telephone Number)	
	MAILING ADDRESS:	<u>STREET ADDRESS:</u>	
	Amendment Section	Amendment Section	
	Division of Corporations	Division of Corporations	

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

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

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

ARVIM, Inc.		
(Name of Corporation)		
F97000000512		
(Document Number of Corporation	(if known)	
California		
(Incorporated Under Laws	of)	
This corporation is no longer transacting business or conducting a voluntarily surrenders its authority to transact business or conduct		hereby
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of process time it was authorized to transact business or conduct affairs in Flo	s based on a cause of action arising dur	
The following is a current mailing address for the corporation:	سيم	Σ Ω
401 S. Fourth Street, Suite 1900	9 OCT 22	ECRE
(Mailing Address)	22	ASS
Louisville, KY 40202	3	
(City/ State /Zip)	0	TATE
The corporation agrees to notify the Department of State in the fut	ture of any change in its mailing addres	SS.
(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)	10)20)10 (Date)	
W. Bryan Hudson	Sr. VP, General Counsel and S	Secretary
(Typed or printed name of person signing)	(Title of person signing)	