

F98000004511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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*withdrawal*

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TALLAHASSEE, FLORIDA

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04 MAR -8 PM 12:51  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*AVR  
3/8/04*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 474685 5025229  
AUTHORIZATION : *Patricia Pajito*  
COST LIMIT : \$ 35.00

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ORDER DATE : March 4, 2004  
ORDER TIME : 10:13 AM  
ORDER NO. : 474685-005  
CUSTOMER NO: 5025229  
CUSTOMER: Ms. Joley Martinez  
Ltc Properties, Inc.  
Suite 1865, 300 Esplanade  
Drive Ste. 1865  
Oxnard, CA 93030

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FOREIGN FILINGS

NAME: WESTERN HEALTHCARE FUNDING,  
INC.

XX CORPORATE  
       LIMITED PARTNERSHIP  
       LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF STATUS

CONTACT PERSON: Darlene Ward - EXT# 2935

EXAMINER: \_\_\_\_\_

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

Western Healthcare Funding, Inc.

(Name of Corporation)

F98000004511

(Document Number of Corporation (if known))

Nevada

(Incorporated Under Laws of)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

The following is a current mailing address for the corporation:

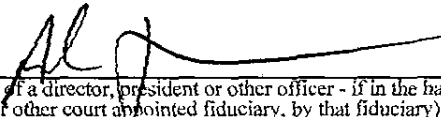
22917 Pacific Coast Hwy, Suite 350

(Mailing Address)

Malibu, CA 90265

(City/ State /Zip)

The corporation 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)

3/3/04  
(Date)

Alex Chavez

(Typed or printed name of person signing)

Sr. VP, Treasurer and Secretary

(Title of person signing)

**FILING FEE \$35**