

L13000016074

(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:

Office Use Only



400289884224

08/18/16--01010--002 **25.00

09/07/16--01027--008 **60.00

SEP 15 2016

Y SULKER

FILED
16 SEP 12 PM 4:40
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 19, 2016

CAPITOL CORPORATE SERVICES, INC.
ATTN: RHONDA PEIRCE
PO BOX 1831
AUSTIN, TX 78767

SUBJECT: VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT
COMPANY, LLC
Ref. Number: L13000016074

We have received your document for VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT COMPANY, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$60.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 816A00017659



**CAPITOL
SERVICES**

**Resignation of Registered Agent for a
Limited Liability Company**

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767
Phone: 800-345-4647 Fax: 800-432-3822
regagent@capitol-services.com

**Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

DATE: 8/15/2016
STATE: FLORIDA
REP UNIT: VALIDUS SENIOR LIVING REIT
INVESTMENT MANAGEMENT
COMPANY, LLC

Enclosed for filing please find a Resignation of Registered Agent for a Limited Liability Company for the above referenced name, which is to be filed in your office. Enclosed is check # 27757 in the amount of \$85.00 for the filing fee. After filing, please return the file-stamped copy in the enclosed self-addressed envelope. If you have any questions please call 800-345-4647 and ask for the Registered Agent Department.

Please return file-stamped copy to the following address:

Capitol Corporate Services, Inc.
PO Box 1831
Austin, TX 78767

Capitol Corporate Services, Inc.
Registered Agent Services



24-56505K

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT
COMPANY, LLC**

Name of Limited Liability Company

DOCUMENT NUMBER: L13000016074

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rhonda Peirce

Name of Person

Capitol Corporate Services, Inc. (Registered Agent Dept.)

Name of Firm/Company

PO Box 1831

Address

Austin, TX 78767

City/State and Zip Code

rpeirce@capitol-services.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rhonda Peirce

Name of Person

at (800) 345-4647

Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

16 SEP 12 PM 4:40
TALLAHASSEE, FLORIDA

**STATEMENT OF RESIGNATION OF REGISTERED AGENT
FOR A LIMITED LIABILITY COMPANY**

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Capitol Corporate Services, Inc., hereby resigns as
Name of Registered Agent

Registered Agent for VALIDUS SENIOR LIVING REIT INVESTMENT MANAGEMENT
COMPANY, LLC

Name of the Limited Liability Company

L13000016074

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.


Signature of Resigning Agent

If signing on behalf of an entity:

Jason Fischer

Typed or Printed Name

Assistant Secretary

Capacity

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SEP 12 PM 4:40
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS