

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000009496 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

AMY J. PATTERSON

: HEALTH CARE PROPERTY INVESTORS, INC. Account Name

Account Number : I20060000167 Phone : (407)650-1068

Fax Number : (407)835-3235

## LLC DISS/WITH OR REV DISS

## CNL RETIREMENT MA4 GP FLORHAM PARK NJ, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 01      |
| Estimated Charge      | \$55.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 1 6 2007

CNL Retirement MA4 GP Florham Park NJ, LLC

H07000009496 3

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| (Name of limited liability company)   |                        |
|---|------------------------|
| Delaware  |                        |
| (Jurisdiction of its organization)  |                        |
| This limited liability company is no longer transacting business in Florida and surrauthority to transact business in this state.   | enders its             |
| This limited liability company revokes the authority of its registered agent to accept its behalf and appoints the Department of State as its agent for service of process because of action arising during the time it was authorized to transact business in Florida. | service on a seed on a |
| 420 South Orange Avenue, Suite 500  | 07 JAN 12              |
| (Mailing address)   | 72                     |
| Orlando, FL 32801   | P. 1                   |
| (City/State/Zip)  | ı                      |
| The limited liability company agrees to notify the Department of State in the future change in its mailing address.   | re of any              |
| (Signature of member or authorized representative of a member)  |                        |
| John Mark Ramsey  |                        |
| (Typed or printed name of signee)   |                        |
|   |                        |
|   |                        |

Filing Fee: \$25.00