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7c: Division of Corporations Fax Number : (850)205-0383 AMY J. PATTERSON : mori Account Name : HEALTH CARE PROPERTY INVESTORS, INC. Account Number : 120060000167 Phone : (407)650~1068 -Fax Number : (407)835-3235 TO NOTE OF

LLC DISS/WITH OR REV DISS

CNL RETIREMENT MOP 1411 AURORA CO GP, LLC

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

CNL Retirement MOP 1411 Aurora CO GP, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.
This limited liability company revokes the authority of its registered agent 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 in Florida.
420 South Orange Avenue, Suite 500 (Mailing address)
(orderest D. Market acres)
Orlando, FL 32801
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its maring address.
SECR ALLA
(Bignature of member or authorized representative of a member)
John Mark Remark
(Typed or printed name of signee)

Filing Fee: \$25.00

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