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(Requestor's Name)

(Address)

(Address)

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June 29, 2005

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

RE: ATRIA TUSCAWILLA, LLC

Dear Sir or Madam:

Enclose for filing is an Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida for the above noted limited liability company and a check for the \$25 fee. If you have any questions regarding this filing or require additional information you may contact me at (502) 719-2628 or via direct fax at (502) 719-2628. Thank you for your assistance.

Sincerely,

Amy Merryweather
Corporate Paralegal and
Manager of Licensing

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

Atria Tuscawilla, 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.

c/o Atria Senior Living Group, Inc., 501 S. Fourth Ave, Ste 140

(Mailing address)

Louisville, KY 40202

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.


(Signature of member or authorized representative of a member)

Carmin Grandinetti, Sr VP

(Typed or printed name of signee)

05 JUL -5 PM 2:58

Filing Fee: \$25.00