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D. BRUCE

JUN **2 2** 2010

EXAMINER

COVER LETTER

		ation Section n of Corporations					
SUBJEC'	T: <u>V</u>	entas Regency Medical Park I, L	LC				
		(Name of Fore	eign Limited Liability	Company)			
Dear Sir o	or Mad	am:					
The enclo	sed w	thdrawal and fee(s) are submitted	d for filing.				
Please reti	urn all	correspondence concerning this	matter to the following	;			
Dana J. Ba	iker			ı			
	· ·	(Name of Person)					
Ventas, In	ıc.						
		(Firm/Company)	<u>. </u>				
						1 0	
10350 On	msby	Park Place, Suite 300			30-76 30-76 31-76	₹UL	***
		(Address)			ASS ASS	2	-
Louisville	, KY	40223			(n, c)	10 JUN 21 PH 1: 09	
***		(City/State and Zip Code	:)		ELLO ATS.	•••	C
For furthe	r infor	mation concerning this matter, pl	lease call:		RIDA	60	
Dana J. B	aker		at (502	357-9380			
		(Name of Person)	(Area Code &	Daytime Telephone Number)			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed □ \$25 Fili		eeck for the following amount: e \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy			

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

Ventas Regency Medical Park I, LLC			
(Name of limited liability company)			_
Delaware			
(Jurisdiction of its organization)			_
M0400003295			
(Florida Document Number)		lea-c-	_
This limited liability company is no longer transacting business in Florida and authority to transact business in this state.	surren	ders i	ts
This limited liability company revokes the authority of its registered agent to accits behalf and appoints the Department of State as its agent for service of procecause of action arising during the time it was authorized to transact business in Flor	ept ser	0	
c/o Ventas, Inc. 10350 Ormsby Park Pl., Ste. 300		JUN 2	
(Mailing address)	53.72 178-1		1
		\mathbb{F}	1,1
Louisville, KY 40223		-	
(City/State/Zip)	AGINE JAINE	60	
The limited liability company agrees to notify the Department of State in the change in its mailing address.	future	of an	ıy
(Signature of member or authorized representative of a member)			
Ventas, Inc., Member, By: T. Richard Riney, EVP, General Counsel	and	Sec	y .
(Typed or printed name of signee)			

Filing Fee: \$25.00