M04000004176

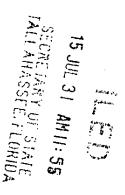
(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
<u>.</u>			

Office Use Only



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AUG 03 2015 J SHIVERS

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: DELT	ONA RETIREMENT RESI	DENCE LLC	
**************************************	(Name of For	eign Limited Liabil	ity Company)
Dear Sir or Madam:			
The enclosed withda	rawal and fee(s) are submitted	d for filing.	
Please return all cor	respondence concerning this	matter to the follow	ing:
SUZANNE TOSH			
	(Name of Person)		
DELTONA RETIR	EMENT RESIDENCE LLC		
	(Firm/Company)		
9310 NE VANCOU	JVER MALL DRIVE SUITI	E 20 0	
	(Address)		
VANCOUVER WA	A 98662		
	(City/State and Zip Cod	le)	
For further informat	ion concerning this matter, p	lease call:	
SUZANNE TOSH		503 at (586-7308
(1)	Name of Person)		le & 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	
■ \$25 Filing Fee	s for the following amount: \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DELTONA RETIREMENT RESIDENCE LLC

(Name of limited liability company)	·····
OREGON	
(Jurisdiction of its organization)	
10/24/04	
(Date registered with Florida Department of State)	
M04000004170	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	15 JUL 31 SECRETARY TALLAHASSE
(Typed or printed name of signee)	AMII: 55

Filing Fee: \$25.00