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To:

Division of Corporations

Fax Number : (850)205-0383

From:

AMY J. PATTERSON
Account Name : HEALTH CARE PROPERTY INVESTORS, INC.

Account Number : I20060000167

Phone : (407)650-1068

Fax Number : (407)835-3235

LLC DISS/WITH OR REV DISS

CNL RETIREMENT DAS EVANSVILLE IN GP, LLC

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Help

Delaware

CNL Retirement DAS Evansville IN GP, LLC
(Name of limited liability company)

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

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida a authority to transact business in this state.	nd su	rrend	ers its
This limited liability company revokes the authority of its registered agent to a test to a specific and appoints the Department of State as its agent for service of precause of action arising during the time it was authorized to transact business in I	_		
420 S. Orange Avenue, Suite 500			
(Mailing address)	SEC	7001	
Orlando, FL 32801	RE T	JAN	
	RY C	12	
The limited liability company agrees to notify the Department of State in change in its mailing address	he fu	tare o	
	MIE	80	
(Signature of prember or authorized representative of a member)			
John Mark Ramsey			
(Typed or printed name of signee)			

Filing Fee: \$25.00