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From:

AMY J. PATTERSON

: HEALTH CARE PROPERTY INVESTORS, INC. Account Name

Account Number : I20060000167 Phone Fax Number

: (407)650-1068 : (407)835-3235

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di Vita

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

(Name of limited liability company)

Delaware			
(Jurisdiction of its organization)			
his limited liability company is no longer transacting business in Floridauthority to transact business in this state.	a and su	rrender	s its
his limited liability company revokes the authority of its registered agent is behalf and appoints the Department of State as its agent for service of ause of action arising during the time it was authorized to transact business in the contract of the co	to accep process n Florid	t servic based a.	e on on a
420 S. Orange Avenue, Suite 500			
(Mailing address)	JAT 3S	200	
Orlando, FL 32801	CRET	JAN	
(City/State/Zip)	ARY O SSEE,	12	
he limited liability company agrees to notify the Department of State in angle in its mailing address.	un (∄an) n FO	tuke of	a 🖰
the limited liability company agrees to notify the Department of State is mange in its mailing address.	ATE RIDA	<u>-</u>	
Signature of member or authorized representative of a member)			
John Mark Ramsey			

Filing Fee: \$25.00