

1/12/2021

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H21000014702 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

LLC REGISTERED AGENT RESIGNATION
SENIOR LIVING PROPERTY CO, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

JAN 13 2021

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

C T CORPORATION SYSTEM

, hereby resigns as

Name of Registered Agent

Registered Agent for SENIOR LIVING PROPERTY CO, LLC

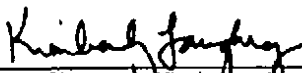
Name of Limited Liability Company

M07000004875

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Kimberly Laughrey

Typed or Printed Name

Assistant Secretary

Capacity

2021 JAN 12 AM 11:46
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

FILING FEES:

\$85.00	Active limited liability company
\$25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314