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AUG 1 7 2016

S. PRATHER

SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE8/16/2018		<i>₩WALK I</i> N
entity name <u>HO</u>	VSITE GREENWOOD MANOR LLC	
DOCUMENT NUMBER	ED.	
DOCUMENT NUMB		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxx	Plain Copy	
 -	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing	7/
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DEST NUMBER OF CEPTI	TINATIONFICATES REQUESTED	·····
	TOTI LO ALQUILOT LU	·
TOTAL OWED_\$2	5.00 CHECK # 5158	
Please call Tina	at the above number for any issues or concerns. Thank	E yoa so much!

COVER LETTER

	gistration zision of (Section Corporations				
SUBJECT:	HovSite Greenwood Manor LLC					
SUBJECT.		(Name of Fo	reign Limited Liability	Company)		
Dear Sir or I	Madanı:					
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.			
Please return	n all corre	espondence concerning this	matter to the following	3:		
	<u></u> .	(Name of Person)		-		
				_		
		(Firm/Company)				
		(Address)		-		
		•	on Foreign Limited Liability Company) omitted for filing. g this matter to the following: ip Code) tter, please call: (Area Code & Daytime Telephone Number) S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 ount: \$\textstyle \text{S55 Filing Fee & \$\textstyle \text{\$560 Filing Fee,} \text{certified Copy} \text{Certificate of Status &}			
		(City/State and Zip Coc	le)			
For further is	nformatic	on concerning this matter, p	dease call:			
			at (_)		
	(Na	me of Person)	(Area Code &	& Daytime Telephone Number)		
Reg Div Clil 266	gistration vision of (flon Build (1 Execut	OURIER ADDRESS: Section Corporations fing ive Center Circle Florida 32301	Regis Divis P.O. 1	tration Section ion of Corporations Box 6327		
Enclosed is	a check t	for the following amount:				
S25 Filmg	g Fee	☐ \$30 Filing Fee & Certificate of Status				

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
Delaware	, 6
(Jurisdiction of its organization)	, ;
10/01/2009	
(Date registered with Florida Department of State)	.
M0900003894	
(Florida Document Number)	
	•
This limited liability company is withdrawing its certificate of authority in this s	state.
Effective Date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to dat more than 90 days after filing.)	te of filing or
Note: If the date inserted in this block does not meet the applicable statutory fili this date will not be listed as the document's effective date on the Department o	
11/10/	
(Signature of authorized representative)	

Filing Fee: \$25.00

(Typed or printed name of signee)