M11000000747

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SECRETARY OF SIGN

n RRUCE AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 765551 77750	
AUTHORIZATION:	tod i
COST LIMIT : \$ 25.00	
ORDER DATE : August 14, 2017	
ORDER TIME : 3:0 PM	
ORDER NO. : 765551-290	
CUSTOMER NO: 7775081	
	
FOREIGN FILINGS	
NAME: SUNRISE THIRD (POOL II), LLC	
	2017 7ALL
CORPORATE	AND THE
LIMITED PARTNERSHIP	1 u
XXX LIMITED LIABILITY COMPANY	MIN AUG IN A 9. SELVETVAY OF STA
XXXX WITHDRAWAL/CANCELLATION	q: 1 L STATE CORIDI
	ر بر 0 بر 0
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF STATUS	

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

TO: Registration Division of	Section Corporations				
Sunri SUBJECT:	se Third (Pool II), LL	С			
SUBJECT:	(Name of For	reign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdr	awal and fee(s) are submitte	ed for filing.			
Please return all corr	respondence concerning this	matter to the following	; :		
Aurora Kurth					
	(Name of Person)		-		
Welltower Inc.					
	(Firm/Company)		-		
4500 Dorr Stre	et				
	(Address)		-		
Toledo, OH 43	615				
	(City/State and Zip Coc	le)	-	4	
For further informati	on concerning this matter, p	blease call:		MALLAHASS EAT	T
Aurora Kurth		419	247-5724	INASSIASSI	
(N	ame of Person)		Daytime Telephone Nu	mberme D	י ר כ
Registration Division of Clifton Bui 2661 Exect	Corporations	Regis Divis P.O. 1	LING ADDRESS: tration Section ion of Corporations Box 6327 passee, Florida 32314	q: 1u STATE LORIDA	
Enclosed is a check	for the following amount:	:			
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Sta Certified Copy	atus &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunrise Third (Pool II), LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
02/15/2011		
(Date registered with Florida Department of State)		
M1100000747		
(Florida Document Number)		
Over Occusioned by: Outroy O. Chert EBABILEFF 1E4C425 (Signature of authorized representative) Tracy W. Carte, Authorized Signatory		
(Typed or printed name of signee)	MILLAHASSEE, FLORID	

Filing Fee: \$25.00