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O SIMMONS AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 765551 7775081 COST LIMIT : \$ 25.00 Sind AUTHORIZATION : ORDER DATE : August 14, 2017 ORDER TIME : 3:02 PM ORDER NO. : 765551-310 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: SUNRISE THIRD (POOL IV), LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION 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

	istration Se ision of Co					
SUBJECT:	Sunrise Third (Pool IV), LLC					
(Name of Foreign Limited Liability Company)						
Dear Sir or N	dadam:					
The enclosed	l withdrawa	I and fee(s) are submitte	d for filing.			
Please return	all corresp	ondence concerning this	matter to the following			
Aurora Ki	urth					
		(Name of Person)				
Welltowe	r Inc.					
		(Firm/Company)				
4500 Dor	r Street					
		(Address)				
Toledo, C	OH 43615	5				
		(City/State and Zip Cod	le)			
For further in	nformation	concerning this matter, p	lease call:			
Aurora Kurth			419	247-5724		
	(Name	of Person)	at (Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is	a check for	the following amount:				
□ \$25 Filing	g Fee C	2 \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Sunrise Third (Pool IV), LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	* T
02/15/2011	FING FINE
(Date registered with Florida Department of State)	9 -
M1100000752	
(Florida Document Number)	و ج
This limited liability company is withdrawing its certificate of authority in this state.	FILED
Othery 10. Chile	
(Signature of authorized representative)	
Tracy W. Carte, Authorized Signatory	
(Typed or printed name of signee)	

Filing Fee: \$25.00