## F2500000111

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AUG 1 5 2017 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : August 14, 2017 ORDER TIME : 11:57 AM ORDER NO. : 765551-030 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: CC3 ACQUISITION, 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**

	gistration vision of	Section Corporations		
SUBJECT:	CC3	Acquisition, LLC		
Somet 1		(Name of For	reign Limited Liability	Company)
Dear Sir or N	Madam:			
The enclosed	d withdra	awal and fee(s) are submitte	d for filing.	
Please return	n all corr	espondence concerning this	matter to the following	g:
Aurora K	urth.			
		(Name of Person)		-
Welltowe	er Inc.			
		(Firm/Company)		_
4500 Dor	rr Stree	et		
		(Address)		_
Toledo, C	OH 43€	S15		
*		(City/State and Zip Cod	le)	_
For further in	nformatic	on concerning this matter, p	lease call:	
Aurora K	urth		<b>41</b> 9	247-5724
	(Na	une of Person)		C 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	☐ \$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

CC3 Acquisition, LLC			
(Name of limited liability company)			_
Delaware			
(Jurisdiction of its organization)			<b>-</b>
02/15/2011			
(Date registered with Florida Department of State)	<u> </u>		-
M11000000757			
(Florida Document Number)			-
This limited liability company is withdrawing its certificate of authority in this state.			
Occusioned by:  Onacy 10 Chate  E9A8:EFF:E4C475 (Signature of authorized representative)  Tracy W. Carte, Authorized Signatory	ALLABASSET FI	17 AUG I 4 AM	-
(Typed or printed name of signee)	S IA; LORIUS	11:49	• .

Filing Fee: \$25.00