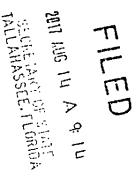


(Requestor's Name)
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O BRUCE AUG 15 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: August 14, 2017 ORDER TIME : 3:02 PM ORDER NO. : 765551-315 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: SUNRISE THIRD (POOL V), LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY ___ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

	ion Section of Corporations			
	nrise Third (Pool V), LL	.C		
SUBJECT:	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Mada	nı.			
The enclosed with	ndrawal and fee(s) are submitte	ed for filing.		
Please return all c	orrespondence concerning this	matter to the following	<i>:</i>	
Aurora Kurth				
-	(Name of Person)		-	
Welltower Inc	.			
	(Firm/Company)		-	
4500 Dorr St	reet		5	7.0.2
	(Address)		1	
Toledo, OH 4	3615			MILAHASSE SECAHASSE
	(City/State and Zip Coo	le)	•	
For further inform	nation concerning this matter, p	olease call:		A 9 14 Efricano
Aurora Kurth		419 at (247-5724	
-	(Name of Person)		Daytime Telephone Number	-)
Registrat Division Clifton B 2661 Exc	I/COURIER ADDRESS: ion Section of Corporations Building ecutive Center Circle see, Florida 32301	MAHANG ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a che	ck for the following amount:	:		
□ \$25 Filing 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

Sunrise Third (Pool V), LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
02/15/2011	
(Date registered with Florida Department of State)	
M1100000762	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this	state.
Chacy W. Chili-	2817 SE
E9AB1EFF1É4C425 (Signature of authorized representative)	TAIL AND THE
Tracy W. Carte, Authorized Signatory	TAHASSEE LANG THE
(Typed or printed name of signee)	A 9 10

Filing Fee: \$25.00