

M110000000788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

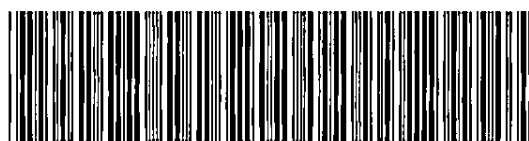
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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17 AUG 14 PM 2:19

n BRUCE
AUG 15 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 765551 7775081
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : August 14, 2017

ORDER TIME : 11:55 AM

ORDER NO. : 765551-005

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: WHITE OAK ASSISTED LIVING,
L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT#

EXAMINER: _____

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: White Oak Assisted Living L.L.C.

(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Aurora Kurth

(Name of Person)

Welltower Inc.

(Firm/Company)

4500 Dorr Street

(Address)

Toledo, OH 43615

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Aurora Kurth

419

247-5724

at (_____) _____

(Name of Person)

(Area Code & 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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

White Oak Assisted Living L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

02/16/2011

(Date registered with Florida Department of State)

M11000000788

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

DocuSigned by:

Tracy W. Carte

E9A81EFF1E4C425

(Signature of authorized representative)

Tracy W. Carte, Authorized Signatory

(Typed or printed name of signee)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00