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(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone #	7)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name)
(Доси	ment Number)	
Certified Copies	Certificates of	f Status
Special Instructions to Fil	ing Officer:	

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D SCOTT AUG 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 765551 7775081	
AUTHORIZATION:	,
COST LIMIT : \$ 25.00	
ORDER DATE : August 14, 2017	
ORDER TIME : 12:03 PM	
ORDER NO. : 765551-060	
CUSTOMER NO: 7775081	
FOREIGN FILINGS NAME: CC3 MEZZ D, LLC	17 AUG 14
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY	M 8: 53
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#

i v	C	OVER LETT	ER	
TO: Registratio	on Section f Corporations			
CC3	MEZZ D, LLC			
SUBJECT:	(Name of Fo	reign Limited Liah	ility Company)	
Dear Sir or Madam:	<u>:</u>			
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the follo	wing:	
Aurora Kurth				
- Turora realin	(Name of Person)	<u></u>		
Welltower Inc.				
vveillower mc.	(Firm/Company)			
4500 Dorr Stre	(Address)			
Toledo, OH 43				
	(City/State and Zip Coo	de)		50 1
				AUG 1
	ion concerning this matter, p	oleuse call;		٠٠ , , , , , , , , , , , , , , , , , ,
Aurora Kurth		419 at (247-5724)	
4)	lame of Person)	(Area Co	ode & Daytime Telephone Num	iber) 🧓 😛 🕺
Registratio Division of Clifton Bui 2661 Exect	f Corporations	R E P	IAILING ADDRESS: egistration Section vivision of Corporations .O. Box 6327 allahassee, Florida 32314	<u></u>
Enclosed is a check	for the following amount:			
□ \$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee Certified Copy		us &

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CC3 MEZZ D, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
02/16/2011
(Date registered with Florida Department of State)
M1100000794
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Change 10 Classe EBABIEFF 1E4C425 (Signature of authorized representative) Tracy W. Carte, Authorized Signatory
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED

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