M12000000505

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



600302290526

THE AUG 14 PN 2:17 AUG 14 AM 9: 33

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 765551 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: August 14, 2017 ORDER TIME : 12:34 PM ORDER NO. : 765551-085 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: HCRI SUN PARTNERS III, 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#

| | | CO | OVER LETTER | | | |
|--|--|---|---------------------------------------|---|--|--|
| | P: Registration Section Division of Corporations | | | | | |
| enio irc | T: HCR | l Sun Partners III, LL0 | C | | | |
| SUBJEC | J | (Name of For | reign Limited Liability (| Company) | | |
| Dear Sir o | or Madam: | | | | | |
| The enclo | sed withdr | rawal and fee(s) are submitte | d for filing. | | | |
| Please ret | urn all cor | respondence concerning this | matter to the following | : | | |
| Aurora | Kurth | | | | | |
| | | (Name of Person) | | | | |
| Welltov | wer Inc. | | | | | |
| | | (Firm/Company) | | • | | |
| 4500 E | orr Stre | et | | | | |
| | | (Address) | | | | |
| Toledo | , OH 43 | 615 | | | | |
| | | (City/State and Zip Cod | le) | - | | |
| For furthe | er informat | ion concerning this matter, p | dease call: | | | |
| Aurora | Kurth | | 419 at (| 247-5724 | | |
| • | (N | Jame of Person) | | 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 Fi | ling Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy | | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| HCRI Sun Partners III, LLC | 9 3 1 |
|--|--|
| (Name of limited liability company) | ASION OF THE PARTY |
| Delaware | m = in |
| (Jurisdiction of its organization) | 星 〇 |
| 01/26/2012 | ِ ب |
| (Date registered with Florida Department of State) | |
| M1200000505 | T _e r |
| (Florida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state. | |
| Change W. Chile— ESABIEFFIE4C425 (Signature of authorized representative) Tracy W. Carte, Authorized Signatory | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00