(Re	questor's Name)			
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2017 AUG 14 PM 2: 08

AUG 1 5 2017 Y SULKER 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 : 12:43 PM ORDER NO. : 765551-090 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: HCRI SUN PARTNERS IV, 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

. . .

TO: Registration Division of	i Section Corporations			
	Sun Partners IV, LL	С		
SUBJECT:	(Name of For	eign Limited Liability	(Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	d for filing.		
Please return all corr	respondence concerning this	matter to the followir	og:	
Aurora Kurth				
	(Name of Person)		_	
Welltower Inc.				
	(Firm/Company)			
4500 Dorr Stree	et			
	(Address)	 .	_	
Toledo, OH 430	615			17 L
	(City/State and Zip Cod	e)		196 I
For further informati	ion concerning this matter, p	lease call:		17 AUG 14 AM II: 45
Aurora Kurth		419 at (247-5724	Loggin
(N	ame of Person)	(Area Code	& Daytime Telephone Number)	:: 9
Registration Division of Clifton Bui 2661 Exect	Corporations	Reg Divi P.O.	HAING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314	
Enclosed is a check	for the following amount:			
☐ \$25 Filing 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 IV, LLC			
(Name of limited liability company)	****		_
Delaware			
(Jurisdiction of its organization)	_·		_
07/03/2012			
(Date registered with Florida Department of State)			_
M12000003755			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this state	· <u>-:</u>	17	
DocuSigned by:	5H4SS	17 AUG 14	
E9ABIEFF:E4C475 (Signature of authorized representative)	[]; [];	AM	ī
Tracy W. Carte, Authorized Signatory	201 201	1:1	1
(Typed or printed name of signee)	<u></u>	•	

Filing Fee: \$25.00