

MI30000002333

(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



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FILED

19 DEC -4 AM 11:43

TALLAHASSEE, FLORIDA

✓ 12-5-19

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

ACCOUNT NO. : I20000000195

REFERENCE : 074431 8254485

AUTHORIZATION : *[Signature]*

COST LIMIT : \$25.00

ORDER DATE : December 4, 2019

ORDER TIME : 1:0 PM

ORDER NO. : 074431-110

CUSTOMER NO: 8254485

FOREIGN FILINGS

NAME: NIC 5 SPRING HAVEN OWNER 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

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

95 DEC 7-020 64
3444 56

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NIC 5 Spring Haven Owner LLC

(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:

Jose Torres

(Name of Person)

New Senior Investment Group Inc.

(Firm/Company)

55 West 46th Street, Suite 2204

(Address)

New York, NY 10036

(City/State and Zip Code)

For further information concerning this matter, please call:

Jose Torres

(Name of Person)

646

969-2069

at (

_____)_____
(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:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED

19 DEC -4 AM 11:43

DEPARTMENT OF
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NIC 5 Spring Haven Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

April 5, 2013

(Date registered with Florida Department of State)

M13000002333

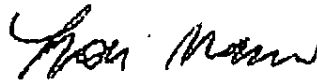
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Lori B. Marino, Vice President & General Counsel

(Typed or printed name of signee)

Filing Fee: \$25.00