

M13000002344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

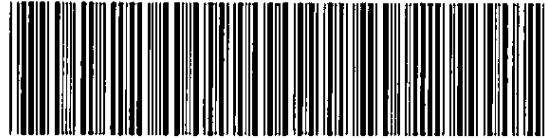
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2021 AUG 11 AM 8:39

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 AUG 11 PM 4:01

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 953754 8254485

AUTHORIZATION : 

COST LIMIT : \$25,000

ORDER DATE : August 11, 2021

ORDER TIME : 2:38 PM

ORDER NO. : 953754-020

CUSTOMER NO: 8254485

FOREIGN FILINGS

NAME: NIC 4 SUMMERFIELD OWNER LLC

☐ 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: Alexxis Weiland - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

NIC 4 SUMMERFIELD OWNER LLC

**SUBJECT:** \_\_\_\_\_  
(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

JOSE TORRES at (646) 969-2069

(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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

NIC 4 SUMMERFIELD OWNER LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

APRIL 15, 2013

(Date registered with Florida Department of State)

M13000002344

(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.

*Lori Marino*

(Signature of authorized representative)

LORI MARINO, VICE PRESIDENT

(Typed or printed name of signee)

**FILED**  
2021 AUG 11 AM 8:39  
SECRETARY OF STATE  
TALLAHASSEE, FL

Filing Fee: \$25.00