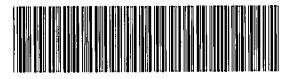
## 413000002345

(Requ	restor's Name)			
(Adda	ess)			
(Addr	ess)	<u>-</u> .		
(City/s	State/Zip/Phone #	<del>(f)</del>		
PICK-UP	☐ WAIT	MAIL		
(Busin	ness Entity Name	e)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Fi	ling Officer.			

Office Use Only



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2021 AUG 11 AM 8: 40 SECRETARY OF STATE TALLAHAESEE, FL

(1 g )

ZOZI AUG II PH 4:0

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

ACCOUNT NO. : 12000000195						
REFERENCE : 953754 8254485						
AUTHORIZATION: Syncholic Han						
COST LIMIT : \$ 25.00						
ORDER DATE : August 11, 2021						
ORDER TIME : 2:38 PM						
ORDER NO. : 953754-025						
CUSTOMER NO: 8254485						
*						
<u>FOREIGN FILINGS</u>						
NAME: NIC 4 SUMMERFIELD LEASING 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: Alexxis Weiland - EXT#

## **COVER LETTER**

	on Section of Corporations		
	4 SUMMERFIELD LEASING	LLC	
SUBJECT:	(Name of Forei	y Company)	
Dear Sir or Madan	1:		
The enclosed with	drawal and fee(s) are submitted	for filing.	
Please return all co	orrespondence concerning this n	atter to the following	ng:
JOSE TORRES			
<del></del>	(Name of Person)		_
NEW SENIOR I	NVESTMENT GROUP INC.		
	(Firm/Company)		<del></del>
55 WEST 46TH	STREET, SUITE 2204		
	(Address)	- 10 - 7	_
NEW YORK, NY	10036		
	(City/State and Zip Code)		_
For further inform	ation concerning this matter, ple	ase call:	
JOSE TORRES		646 at (	969-2069
	Name of Person)	(Area Code	& Daytime Telephone Number)
Division P.O. Bo	ntion Section n of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
тапапа:	8800. FL 32314		Tallahassee FL 32303

Enclosed is a check for the following amount:

□\$25 Filing Fee □ \$30 Filing Fee & □\$55 Filing Fee & □\$60 Filing Fee,

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NIC 4 SUMME	RFIELD LEASING LLC			
	(Name of limited liability company)			=
DELAWARE				
	(Jurisdiction of its organization)			_
APRIL 15, 201	3			
	(Date registered with Florida Department of State)			-
M13000002345	;			
	(Florida Document Number)			-
This limited li	ability company is withdrawing its certificate of authority in this sta	ate.		
(If an effective more than 90 c <b>Note:</b> If the da	if other than the date of filing: date is listed, the date must be specific and cannot be prior to date lays after filing.) te inserted in this block does not meet the applicable statutory filing of be listed as the document's effective date on the Department of	g requirer	or nents.	
	how man	SE(S	202	
	(Signature of authorized representative)	ALL/	I AUC	
	LORI MARINO, VICE PRESIDENT		2021 AUG 11 A	- Cann
	(Typed or printed name of signee)	OF SIME	0.7:8	

Filing Fee: \$25.00