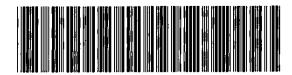
M13000004249

(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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DEC 2 9 2016 Y SULKER

CORPORATE When you need ACCESS to the world
INC. 236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
WALK IN PICK UP: 2/28
CERTIFIED COPY
FILING With Ivawal Ab Naples Senior Haising 1. LLC
(CORPORATE NAME AND DOCUMENT #)

1.

2.

3.

5.

6.

SPECIAL

INSTRUCTIONS:

COVER LETTER

TO:	Registration Division of	Section Corporations		
SUBJE	CT: <u>AG Na</u>	oles Senior Housing I, LLC	1811	
		(Name of For	eign Limited Liability C	Company)
Dear Si	r or Madam:			
The enc	losed withdra	wal and fee(s) are submitted	d for filing.	
		espondence concerning this		
		Jessica French (Name of Person)		
	Kay	n <u>e Anderson Real Estate Ac</u> (Pinn/Company)	dvisors	
	One	Town Center Rd., STE 300 (Address)		
	В	oca Raton, FL 33486 (City/State and Zip Cod	e)	
For furt	her informatio	on concerning this matter, p	tease call:	
	Jessica Fren	ch	(561) 300-6	.255
(Name 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		
Enclose	ed is a check	for the following amount:		
CJ \$25	Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

O

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AG Naples Senior Housing I, LLC (Name of limited liability company)			
Delaware (Jurisdiction of its organization)			
July 3rd, 2013 (Date registered with Florida Department of State)			
M13000004249 (Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.		16 L	
Mee son In loani	HASSEE	16 DEC 28	17 A
(Signature of authorized representative)	FLO		
Meegan T. Motisi	20 A.)	ŒŊ.	
(Typed or printed name of signee)	7.0	, 04	

Filing Fee: \$25.00