

MI300000 4529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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**CORPORATE  
ACCESS,  
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236 East 6th Avenue. Tallahassee, Florida 32303  
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Withdrawal

1.

AG Parkland Senior Housing 1 OPPO, LLC  
(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AG Parkland Senior Housing I OPCO, 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:

Jessica French  
(Name of Person)

Kayne Anderson Real Estate Advisors  
(Firm/Company)

One Town Center Rd., STE 300  
(Address)

Boca Raton, FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica French  
(Name of Person)

(561) 300-6255  
(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

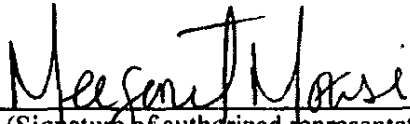
AG Parkland Senior Housing I OPCO, LLC  
(Name of limited liability company)

Delaware  
(Jurisdiction of its organization)

July 18th, 2013  
(Date registered with Florida Department of State)

M13000004529  
(Florida Document Number)

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

  
(Signature of authorized representative)

Meegan T. Motisi  
(Typed or printed name of signee)

Filing Fee: \$25.00

FILED  
CLERK OF STATE  
16 DEC 23 AM 8:11