

M13 000000 7894

(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:

J. HORNE  
FEB 12 2025

Office Use Only



700441950417

2025 FEB 11 PM 1:31

FILED

2025 FEB 11 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

**CT CORP**  
**(850) 656- 4724**  
**3458 lakesore Drive**  
**Tallahassee, FL 32312**

**Date:** 02/11/2025

Acc#I20160000072

*en: c DW*

Name:	HSRE-AHR BONITA SPRINGS TRS LLC
Document #:	
Order #:	16144796

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 55.00
------------------

Thank you!

FILED  
2025 FEB 11 PM 1:31  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HISRE-AHR Bonita Springs TRS, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

12/13/2013

(Date registered with Florida Department of State)

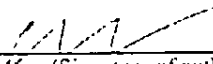
M13000007894

(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)

Paul A. Stodulski

(Typed or printed name of signee)

Filing Fee: \$25.00