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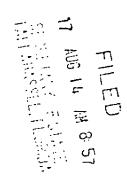
(Requestor's Name)	-
(Address)	
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PICK-UP WAIT MAIL	
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D. SCOTT AUG 1 5 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 765551 AUTHORIZATION : COST LIMIT : \$ 25.00 ORDER DATE: August 14, 2017 ORDER TIME : 2:59 PM ORDER NO. : 765551-275 CUSTOMER NO: 7775081 FOREIGN FILINGS NAME: SUNRISE SENIOR LIVING INVESTMENTS, 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 CONTACT PERSON: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations Sunrise Senior Living Investments, 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: Aurora Kurth (Name of Person) Welltower Inc. (Firm/Company) 4500 Dorr Street (Address) Toledo, OH 43615 (City/State and Zip Code) For further information concerning this matter, please call: Aurora Kurth (Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

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

Sunrise Senior Living Investments, LLC
(Name of limited liability company)
Virginia
(Jurisdiction of its organization)
02/05/2014
(Date registered with Florida Department of State)
M1400000981
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Docusigned by: Oncos-10 Carte E9A81EFF1E4CA25 (Signature of authorized representative) Tracy W. Carte, Authorized Signatory
(Typed or printed name of signee)

Filing Fee: \$25.00