(F	Requestor's Name)				
( <i>f</i>	Äddress)				
(A	Address)				
(0	City/State/Zip/Phone #)				
☐ IPICK-UP	WAIT [	MAIL			
(E	Business Entity Name)	<del></del>			
(Document Number)					
Certified Capies	Certificates of St	atus			
Special Instructions to Filing Officer:					
	J. HORNE				
	J. HORNE DEC 19 2022				

Office Use Only



200396225822

2022 DEC 16 FK12: 07

RECEIVED

ALLAHASSEE FLORE 2022 DEC 16 AM 10: 28

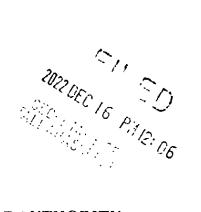
## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 12/16/2022		LK IN⇔
ENTITY NAME FOR N	Myers Senior Housing IIA PROPCO, LLC	
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
DOCUMENT NUMBER		
	**PLEASE FILE THE ATTACHED AND RETURN**	
xxxxx	Plain Copy	
<u> </u>	Certified Copy	
<u> </u>	Certificate of Status	
	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
1		
; :	**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINA	4 <i>TION</i>	
NUMBER OF CERTIFICA		
TOTAL OWED \$25	ACCOUNT #: I20160000072	
Please call Tina at	the above number for any issues or concerns. Thank you so much!	

## **COVER LETTER**

		on Section f Corporations		
SUBJECT:	Fort M	1yers Senior Housing IIA PR	ROPCO, LLC	
SUBJECT		(Name of For	reign Limited Liability	Company)
Dear Sir or h	Madam:	:		
The encloses	d withd	rawal and fee(s) are submitte	ed for filing.	
Please return	all cor	respondence concerning this	matter to the following	g:
Bria Krupni	ck			
		(Name of Person)		_
Kaync Ande	erson Re	cal Estate		
	· · · · · ·	(Firm/Company)		-
1 Town Cen	ter Roa	d, 3rd Floor		
-		(Address)		_
Boca Raton,	FL 334	186		
		(City/State and Zip Cod	ic)	_
For further in	nformat	ion concerning this matter, p	olcase call:	
Erika Yess			561	300-6285
	(8)	ame of Person)		& Daytime Telephone Number)
Rep Div P.C	vision ). Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, Fl. 32303
Enclosed is	a check	for the following amount:		
□\$25 Filing	g 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

Nian Chair Hallis	
(Name of limited liability company)	
Dolaware	
(Jurisdiction of its organization)	
January 29, 2015	
(Date registered with Florida Department of State)	
M15000000757	
(Florida Document Number)	<del></del>
Effective Date, if other than the date of filing:	quirements.
(Signature of authorized representative)	
Meegan T. Motisi	

Filing Fee: \$25.00