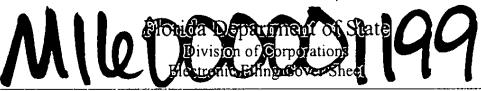
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BARNETT, KIRKWOOD, KOCHE, LONG & FOSTER, P.A.

Account Number : 072731001155 Phone : (813)253-2020 Fax Number : (813)251-6711

LLC DISSOLUTION OR WITHDRAWAL CV HEALTHCARE PROPERTIES, LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CV Healthcare Properties, LLC | |
|--|-------|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| 02/11/2016 | |
| (Date registered with Florida Department of State) | |
| M16000001199 | |
| (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: 12/31/2021 (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) (Signature of authorized representative) | FILED |
| DAVID L. KOCHE | 0 |
| TOTAL STATE OR THE | |

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