

M170000666940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

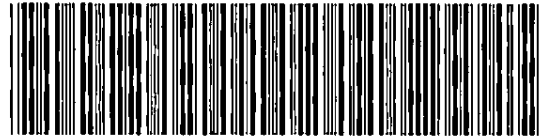
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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O. SIMMONS

MAR 04 2013

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 650055 7775081

AUTHORIZATION :

COST LIMIT : \$25.00



ORDER DATE : February 28, 2019

ORDER TIME : 2:49 PM

ORDER NO. : 650055-020

CUSTOMER NO: 7775081

FOREIGN FILINGS

NAME: W TCG PORT ST. LUCIE CAMPUS,
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: Emily Croft - EXT# 62925

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W TCG Port St. Lucie Campus, 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:

Amanda Church

(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:

Amanda Church

(Name of Person)

419

214-5780

at ()

(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

W TCG Port St. Lucie Campus, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/11/2017

(Date registered with Florida Department of State)

M17000006940

(Florida Document Number)

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TALLAHASSEE, FLORIDA

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.

DocuSigned by:

D477A1206E8C465

(Signature of authorized representative)

Welltower TCG RIDEA Tenant, LLC, its managing member

By: Matthew McQueen, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00