# M1100000 732-6

| ,                                |                        |
|----------------------------------|------------------------|
| (Requestor                       | s Name)                |
| (Address)                        |                        |
| (Address)                        |                        |
| (City/State/                     | Zip/Phone #)           |
| PICK-UP                          | WAIT MAIL              |
| (Business 8                      | Entity Name)           |
| (Document                        | Number)                |
| Certified Copies C               | Certificates of Status |
| Special Instructions to Filing C | fficer:                |
|                                  | İ                      |
|                                  |                        |
|                                  |                        |
|                                  |                        |

Office Use Only



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# Sunshine State Corporate Compliance Company

### 3458 Lakeshore Drive, Tallahassee, Florida 32312 (851) 656-4724

| DATE 12/16/2024  |  | ⇔WAIK IN                                  |  |  |
|--|--|---|--|--|
| ENTITY NAME 1490 Killingsworth Way Senior Housing I PROPCO LLC |  |   |  |  |
| DOCUMENT NUMBE   | R  |   |  |  |
|  | **PLEASE FILE THE  | ATTACHED AND RETURN**                     |  |  |
| xxxxxxxx   | Plain Copy   |   |  |  |
|  | Certified Copy   |   |  |  |
|  | Certificate of Status  |   |  |  |
|  | "PLEASE OBTAIN THE POL<br>Certified Copy of Arts of<br>Certificate of Good Stand |   |  |  |
|  | **APOSTILLE' / NU  | TARIAL CERTIFICATION**                    |  |  |
| COUNTRY OF DESTIN<br>NUMBER OF CERTIFIE                        | <del>_</del>   |   |  |  |
| TOTAL OWED \$25.0  | 00   | ACCOUNT #: I20160000072                   |  |  |
|  |  | S 8 F/16                                  |  |  |
| Please call Tina at  | t the above number for a   | ny issues or concerns. Thank you so much! |  |  |

#### **COVER LETTER**

| TO: Registration Division o | on Section<br>If Corporations                |                                      |  |
|-----------------------------|--|--------------------------------------|--|
|                             | Killingsworth Way Senior He                  | ousing I PROPCO, LL                  | C  |
| SUBJECT:                    | (Name of For                                 | eign Limited Liability               | Company)   |
| Dear Sir or Madam           | :  |                                      |  |
| The enclosed withd          | rawal and fee(s) are submitte                | d for filing.                        |  |
| Please return all con       | rrespondence concerning this                 | matter to the following              | g:   |
| Erika Yess                  |  |                                      |  |
|                             | (Name of Person)                             |                                      | -  |
| Kayne Anderson              |  |                                      |  |
|                             | (Firm/Company)                               |                                      | -  |
| 1 Town Center Ros           | ad, 3rd Floor                                |                                      |  |
|                             | (Address)                                    |                                      | -  |
| Boca Raton, Florid          | a 33486                                      |                                      | _  |
|                             | (City/State and Zip Cod                      | e)                                   |  |
| For further informa         | tion concerning this matter, p               | lease call:                          |  |
| Erika Yess                  |  | 561<br>at (                          | 300-6200   |
| ()                          | Name of Person)                              | (Area Code &                         | E Daytime Telephone Number)  |
| Division<br>P.O. Box        | tion 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 chec          | k for the following amount:                  |                                      |  |
| □\$25 Filing Fee            | ☐ \$30 Filing Fee &<br>Certificate of Status | □\$55 Filing Fee &<br>Certified Copy | <ul> <li>\$60 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> </ul>  |

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| 1490 Killing  | worth Way Senior Housing LPROPCO, LLC  |   |
|---|--|---|
|   | (Name of limited liability company)  |   |
| Delaware  |  |   |
|   | (Jurisdiction of its organization)   |   |
| August 24, 2  |  |   |
|   | (Date registered with Florida Department of State)   |   |
| M170000073  | 26   |   |
|   | (Florida Document Number)  |   |
| Effective E<br>(If an effection of than of the More than of the More of the More of the o | d liability company is withdrawing its certificate of authority in the date, if other than the date of filing:  tive date is listed, the date must be specific and cannot be prior to 00 days after filing.)  e date inserted in this block does not meet the applicable statutory ill not be listed as the document's effective date on the Department. | (optional) date of filing or filing requirements. |
|   | (Signature of authorized representative)   | <del></del>                                       |
|   | S. David Selznick  (Typed or printed name of signee)   | 2024 DEC 16 TÄLLAHÄSSEE                           |

Filing Fee: \$25.00