M18000000 860

| (Re | equestor's Name) | | | |
|---|--------------------|---|--|--|
| (Ad | ddress) | · · · · - · · · · · · · · · · · · · · · | | |
| (Ac | ddress) | | | |
| (City/State/Zip/Phone #) | | | | |
| ☐ blck-nb | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificate: | s of Status | | |
| Special Instructions to Filing Officer. | | | | |
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Office Use Only



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115 N CALHOUN ST., STE. 4 TAŁLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date:01. | /08/2025 | |
|----------------|-------------------------------|----------------------|
| Name: | Cheyanne Davis | _ |
| Reference #: | 2618932 | _ |
| Entity Name: | SENIOR LIVING | AT SARASOTA, LLC |
| Articles o | f Incorporation/Authorization | to Transact Business |
| Amendme | ent | |
| Change o | of Agent | |
| Reinstate | ment | |
| Conversion | on | |
| ☐ Merger | | |
| Dissolution | on/Withdrawal | |
| Fictitious | Name | |
| Other | | |
| | | |
| Authorized Amo | unt: \$25.00 | |
| Signature: | Oryme Paine | |

COVER LETTER

| TO: | Registratio Division of | n Section Corporations | | |
|-------------------|---|--|---------------------------------------|---|
| SUBJEC | cr. | SENIOR I | LIVING AT SARAS | SOTA, LLC |
| 30102 | ··· | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir | or Madam: | | | |
| The enc | losed withdr | awal and fee(s) are submitte | ed for filing. | |
| Please re | eturn all cor | respondence concerning this | matter to the following: | |
| | | JILL BLAIR | | |
| | - | (Name of Person) | | |
| | RY | AN COMPANIES US | i, INC. | |
| | | (Firm/Company) | | |
| | 5 | 33 S 3RD STREET # | £100 | |
| | | (Address) | | |
| | N | IINNEAPOLIS, MN 5 | 5415 | |
| | | (City/State and Zip Coo | de) | |
| For furth | ner informat | ion concerning this matter, p | blease call: | |
| | BRIA | N C. MURRAY | at (612 | 492-4000 |
| | (5) | ame of Person) | (Area Code & | Daytime Telephone Number) |
| | Registratio Division of Clifton Bui 2661 Exect | Corporations | Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314 |
| Enclose | d is a check | for the following amount: | | |
| _ □ \$25 P | iling Fee | □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & Certified Copy | .□ \$60 Filing Fee, Certificate of Status & Certified Copy |

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NOTICE OF WITHDRAWAL OF CERTIFICATE OFTAILTRHORDERY OF STATE

| SENIOR LIVING AT SARASOTA, LLC | |
|---|--|
| (Name of limited liability company) | |
| | |
| DELAWARE | |
| (Jurisdiction of its organization) | |
| 01/24/2018 | |
| (Date registered with Florida Department of State) | |
| M18000000860 | |
| (Florida Document Number) | |
| Effective Date, if other than the date of filing: | |
| Brian Murray (Signature of authorized representative) BRIAN C. MURRAY | |
| | |
| (Typed or printed name of signee) | |

Filing Fee: \$25.00