

M210000009529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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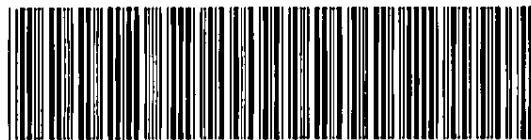
(Business Entity Name)

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Account#: I200000000088

Date: 08/23/2021

Name: Marcel Ogbonna-Amu

Reference #: 1456118

Entity Name: SENIOR LIVING AT WELLEN PARK, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☒ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ANY ISSUES, CALL
MARCEL:

(518) 213-0826

Thank you!

Authorized Amount: \$25.00

Signature: Marcel Ogbonna-Amu



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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Senior Living at Wellen Park, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/26/2021

(Date registered with Florida Department of State)

M21000009529

(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: _____ (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.)

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DocuSigned by:

Audra Williams

CECFF102741D46F

(Signature of authorized representative)

Audra Williams

(Typed or printed name of signee)

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