Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000334304 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

: (800)432-3622

## LLC DISSOLUTION OR WITHDRAWAL INSPIRED SENIOR LIVING OF WELLINGTON MT, LLC

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C. BRUMBLEY SEP 29 2022

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## **COVER LETTER**

H22000334304

TO: Registration Section Division of Corporations		
1	Senior Living of Wellington MT, LLC	
SUBJECT: Name of	Foreign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submi	itted for filing.	
Please return all correspondence concerning t	his matter to the following:	
(Name of Person)	<del></del>	
Capitol Services - Corporate Filing (Firm/Company)	s Team	
515 East Park Avenue 2nd Fl		
(Address)		
Tallahassee , FL 32301 (City/State and Zip 6	Code)	
For further information concerning this matte	r, please call:	
	at ( 855 ) 498 - 5500	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Amendment Section	Amendment Section	
Division of Corporations	Division of Corporations P.O. Box 6327	
The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303		
Enclosed is a check for the following amou	nt:	
\$25 Filing Fee \$30 Filing Fee & Certificate of State	S55 Filing Fee & S60 Filing Fee,  Certified Copy Certificate of Status &  Certified Copy	

H22000334304

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Inspired Senior Living of Wellington MT, LLC			
(Name of limited liability company)			
Delaware (Jurisdiction of its organization)			
07/14/2022			
(Date registered with Florida Department of State)			
M22000010997 (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:  (If an effective date is listed, the date must be specific and cannot be prior to date of f more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing recthis date will not be listed as the document's effective date on the Department of States.	quiremer		
(Signature of authorized representative)	SECAE MAN	2022 SEP 28	FI
Chris Sorensen	SSE SSE		m
(Typed or printed name of signee)	STATE	AH   : 5	D
			67.4

Flling Fee: \$25.00