(Re	questor's Name)	<u> </u>		
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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(Bu	siness Entity Nan	ne)		
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O SIMMONS 'JAN - 3 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

\_\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 118864 4322088 AUTHORIZATION COST LIMIT ORDER DATE: December 31, 2019 ORDER TIME : 11:53 AM ORDER NO. : 118864-005 CUSTOMER NO: 4322088 FOREIGN FILINGS NAME: BERKSHIRE PROPERTY ADVISORS, L.L.C. CORPORATE \_\_\_ LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

## **COVER LETTER**

TO:		ion Section of Corporations		
SUBJEC	CT:	Berkshire Property Advisor	ors, L.L.C.	
		(Name of Fo	oreign Limited Liability	Company)
Dear Sir	or Mada	n:		
The encl	osed with	drawal and fee(s) are submitte	ed for filing.	
Please re	turn all c	orrespondence concerning this	s matter to the following	<u>;</u> :
;	Sally Lit	1		
		(Name of Person)		-
F	Berkshire	Property Advisors, L.L.C.		
		(Firm/Company)		-
(	One Bea	cons Street, 24FL		
		(Address)		-
8	Boston,	MA 0210		
		(City/State and Zip Co	de)	-
For furth	er inform	ation concerning this matter, p	olease call;	
	Sally	Liu	at ( 617	556-8142
		(Name of Person)		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		tration Section on of Corporations Box 6327	
Enclosed	l is a che	ck for the following amount:	:	
□ \$25 Fi	ling Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	SEC
Berkshire Property Advisors, L.L.C.	PE S
(Name of limited liability company)	55.7
	また。
Delaware	\$ <b>7</b>
(Jurisdiction of its organization)	<u> </u>
12/28/2004	STA E, FI
(Date registered with Florida Department of Sta	(e) m
M05000000034	
(Florida Document Number)	
Effective Date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be purpose than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable staths date will not be listed as the document's effective date on the Dep	atutory filing requirements,
4 Suus	
(Signature of authorized representative)	
Kathryn Lazares	
(Typed or printed name of signee)	

Filing Fee: \$25.00