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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32303 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|--|--|--|--|--|--|--|
| REFERENCE : 954016 5138497 | | | | | | |
| AUTHORIZATION: Spelle Reman | | | | | | |
| COST LIMIT : \$ 25.00 | | | | | | |
| | | | | | | |
| ORDER DATE: December 13, 2017 | | | | | | |
| ORDER TIME : 2:06 PM | | | | | | |
| ORDER NO. : 954016-030 | | | | | | |
| CUSTOMER NO: 5138497 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: FUND VIII 1601 FORUM PLACE, LLC | | | | | | |
| CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY | | | | | | |
| XXXX WITHDRAWAL/CANCELLATION | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY | | | | | | |
| XX PLAIN STAMPED COPY | | | | | | |
| CERTIFICATE OF STATUS | | | | | | |

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

| TO: | | istration ision of (| Section Corporations | | | |
|--|------------|---|--|---------------------------------------|---|--|
| SUBJE | CT. | Fund V | III 1601 Forum Place, LLC | | | |
| SUBJE | . . | (Name of Foreign Limited Liability Company) | | | | |
| Dear Sir | or N | Лабат: | | | | |
| The enc | losed | l withdra | wal and fee(s) are submitted | l for filing. | | |
| Please r | eturn | all corre | espondence concerning this | matter to the following | g: | |
| Jennife | r Syr | τnis | | | | |
| • | | | (Name of Person) | | _ | |
| TA Rea | alty L | .LC | | | | |
| | | | (Firm/Company) | | _ | |
| 28 State | e Str | eet, 10th | Floor | | | |
| | | | (Address) | | _ | |
| Boston | , MA | 02109 | | | | |
| | | - | (City/State and Zip Cod | e) | _ | |
| For furt | her i | nformatie | on concerning this matter, p | lease call: | | |
| Jennife | гSу | mis | | 617 at (| 476-2797 _) | |
| | | (Ne | ame of Person) | (Area Code | & 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 | | | | |
| Enclose | ed is | a check | for the following amount: | | | |
| □ \$ 25 | Filin | g Fee | □ \$30 Filing Fee & Certificate of Status | ☐ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Conv | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Fund VIII 1601 | Forum Place, LLC | |
|--|---|---|
| <u> </u> | (Name of limited liability company) | |
| DE | | |
| | (Jurisdiction of its organization) | |
| 06/10/2008 | | |
| | (Date registered with Florida Department of State) | |
| M0800000274 | 5 | |
| | (Florida Document Number) | |
| This limited 1 | liability company is withdrawing its certificate of authority in this | state. |
| (If an effective more than 90 Note: If the d | te, if other than the date of filing: The date is listed, the date must be specific and cannot be prior to date days after filing.) The date inserted in this block does not meet the applicable statutory file not be listed as the document's effective date on the Department of | ing requirements, |
| | (Signature of authorized representative) Scott L. Dalrymple, Sr. Vice President (Typed or printed name of signee) | FILED 17 OEC 13 PH 9: 50 18 CONTROL TO BRIDA 18 CONTROL TO BRIDA 18 CONTROL TO BRIDA 18 CONTROL TO BRIDA |

Filing Fee: \$25.00