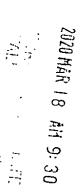
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O SIMMONS MAR 1 9 2020 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 234435 169255A					
AUTHORIZATION: Spelle Reno					
COST LIMIT : \$ 25.00					
ORDER DATE : March 18, 2020					
ORDER TIME : 3:12 PM					
ORDER NO. : 234435-015					
CUSTOMER NO: 169255A					
FOREIGN FILINGS					
NAME: BALDWIN HARBOR GP, LLC					
CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY					
XXXX WITHDRAWAL/CANCELLATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					

EXAMINER:

COVER LETTER

	istration Section ision of Corporations		
CHDIECT.	BALDWIN HARBOR GP, L	LC	
SUBJECT:	(Name o	of Foreign Limited Liability	Company)
Dear Sir or M	Madam:		
The enclosed	I withdrawal and fee(s) are sub	omitted for filing.	
Please return	all correspondence concernin	g this matter to the followin	g:
Cassandra C	Coolidge, Esq.		
	(Name of Person)		_
Nelson Mul	lins Riley & Scarborough LLP		
	(Firm/Company)		_
390 N. Oran	ige Avenue, Suite 1400		
	(Address)		_
Orlando, FL	32801		
	(City/State and Zi	p Code)	_
For further in	nformation concerning this ma	tter, please call:	
Cassandra C	Coolidge, Esq.	407 at (839-4221
	(Name of Person)		& Daytime Telephone Number)
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Iahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check for the following amo	ount:	
■\$25 Filing	g Fee S30 Filing Fee & Certificate of Sta	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

. .

BALDWIN HARBOR GP, LLC	
(Name of limited liability company)	2020 HAR 20181
Delaware	三 三 三 要
(Jurisdiction of its organization)	18
05/15/2014	
(Date registered with Florida Department of State)	ب و
M14000003316	9: 31 Fil
(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 prior to more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Departmen	filing requirements.
(Signature of authorized representative)	
Samuel C. Stephens, III, Executive Vice President	
(Typed or printed name of signee)	

Filing Fee: \$25.00