

M14000003316

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2020 MAR 18 AM 9:30
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MAR 19 2020

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 234435 169255A
AUTHORIZATION : *[Signature]*
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
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BALDWIN HARBOR GP, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cassandra Coolidge, Esq.

(Name of Person)

Nelson Mullins Riley & Scarborough LLP

(Firm/Company)

390 N. Orange Avenue, Suite 1400

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Cassandra Coolidge, Esq.

(Name of Person)

407

at ()

839-4221

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, 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 amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$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)

Delaware

(Jurisdiction of its organization)

05/15/2014

(Date registered with Florida Department of State)

M14000003316

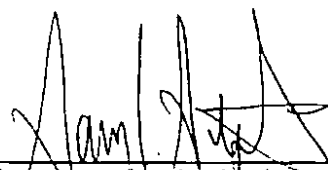
(Florida Document Number)

2020 MAR 18 AM 9:31
STATE OF FLORIDA
DEPARTMENT OF STATE

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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Samuel C. Stephens, III, Executive Vice President

(Typed or printed name of signee)

Filing Fee: \$25.00