

M15000002038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

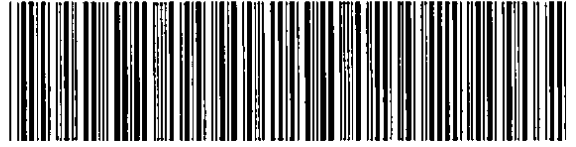
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LLC  
With.

AUG 02 2022

D CORWELL

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 08/01/2022

Acc#I20160000072

*W: C D W*

|             |                            |
|-------------|----------------------------|
| Name:       | Alden GP-Willow Creek, LLC |
| Document #: |                            |
| Order #:    | 14446584                   |

|                                   |                          |                         |  |
|-----------------------------------|--------------------------|-------------------------|--|
| Certified Copy of Arts & Amend:   | <input type="checkbox"/> |                         |  |
| Plain Copy:                       | <input type="checkbox"/> |                         |  |
| Certificate of Good Standing:     | <input type="checkbox"/> |                         |  |
| Certified Copy of                 | <input type="checkbox"/> |                         |  |
| Apostille/Notarial Certification: | <input type="checkbox"/> | Country of Destination: |  |
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| Filing: <input checked="" type="checkbox"/> | Certified: <input type="checkbox"/>        |
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|---------------------|
| Availability _____  |
| Document _____      |
| Examiner _____      |
| Updater _____       |
| Verifier _____      |
| W.P. Verifier _____ |
| Ref# _____          |

Amount: \$ 25.00

Thank you!

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Alden GP-Willow Creek, LLC

\_\_\_\_\_  
(Name of limited liability company)

DE

\_\_\_\_\_  
(Jurisdiction of its organization)

03/18/2015

\_\_\_\_\_  
(Date registered with Florida Department of State)

M15000002038

\_\_\_\_\_  
(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: \_\_\_\_\_ (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.

See Attached Signature Page

\_\_\_\_\_  
(Signature of authorized representative)

See Attached Signature Page

\_\_\_\_\_  
(Typed or printed name of signee)

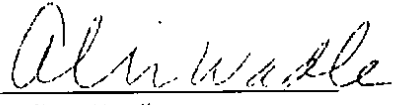
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00

Alden GP-Willow Creek, LLC

By: Alden Affordable Holdings, LLC, its sole member

By: 

Name: Alison Wadle

Title: Executive Vice President & Secretary