## M15000002553

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2018 DEC -4 AM 8: 35 SECREMIASSEE, FL

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CEC ( CAR)

S. PRATHER

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

		ACCOUNT	NO. :	120	00000	0195
		REFERE	ENCE :	512	2406	4361510
		AUTHORIZAT	TION :	Sa)	relle	enan
	<b></b> -	COST L	MIT :	\$ <b>/</b> }	25.00	- man
ORDER I	DATE :	December 3,	2018			
ORDER 7	FIME :	2:37 PM				
ORDER 1	NO. :	512406-015				
CUSTOM	ER NO:	4361510				
	NAME:	COLFIN ME	<u>[GN FIL]</u> F5 FUND		LLC	
I		E PARTNERSHIP LIABILITY CO	YNAGMO			
XXXX W	ITHDRAWA	L/CANCELLATI	ON			
PLEASE	RETURN	THE FOLLOWIN	IG AS PI	ROOF	OF FI	LING:
XX	PLAIN	TIED COPY STAMPED COPY TICATE OF STA				

EXAMINER:

CONTACT PERSON: Emily Croft - EXT# 62925

## **COVER LETTER**

	istration Section ision of Corporations								
SUBJECT:	ColFin MF5 Funding, LLC								
SOMECT.	(Name of Fo	oreign Limited Liability (	Company)						
Dear Sir or N	·ladam:								
The enclosed	d withdrawal and fee(s) are submitt	ed for filing.							
Please return	all correspondence concerning thi	s matter to the following	:						
Linda Bode	nstein								
	(Name of Person)								
Colony Cap	ital, Inc.								
	(Firm/Company)								
515 S. Flow	er Street, 44th Floor								
	(Address)								
Los Angeles	s. CA 90071								
	(City/State and Zip Co	ide)							
For further is	nformation concerning this matter,	please call:							
		at (	)						
	(Name of Person)	(Area Code &	Daytime Telephone Number)						
Reg Div Clit 266	REET/COURIER ADDRESS: cistration Section ision of Corporations from Building 1 Executive Center Circle lahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is	a check for the following amount	:							
□ \$25 Filing	g 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

ColFin MF5 Fu	inding. LLC	
	(Name of limited liability company)	2016
Delaware		2018 DEC
	(Jurisdiction of its organization)	1 (#1757
04/08/2015		30 F
	(Date registered with Florida Department of State)	<u> </u>
M15000002553	3	FF 23
	(Florida Document Number)	<del>[77</del> <b>C</b> 1
(If an effective more than 90 Note: If the d	te, if other than the date of filing:  ye date is listed, the date must be specific and cannot be prior to date days after filing.)  date inserted in this block does not meet the applicable statutory filing not be listed as the document's effective date on the Department of	ng requirements.
	DOGSB167C8DD44E  (Signature of authorized representative)	_
	David A. Palame, Assistant Secretary	
	(Typed or printed name of signee)	_

Filing Fee: \$25.00