(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE TALLAHASSEE, FLORIBA

APPKOVED AND FILED

C. LEWIS 0CT 3 0 2013 EXAMINER

COVER LETTER

TO:	Amendment Section Division of Corporations		
	·		
SUBJ	JECT: LNR ARCHETYPE GP, LTD., CO	RP. (Name of Corporation)
		(Name of Corporation	·)
DOC	UMENT NUMBER: F09000002461		
The e	enclosed withdrawal application and	fee are submitted for fi	ling.
	e return all correspondence concerning or to the following:	; this	
	Madelyn Ocasio		
		(Name of Person)	
	LNR ARCHETYPE GP, LTD., CORP.		
		(Firm/Company)	
	1601 Washington Avenue, Suite 800		
		(Address)	
	Miami Beach, FL 33139		
	((City/State and Zip code)
For fu	urther information concerning this mat	ter, please call:	
Madel	lyn Ocasio	at (305	95-5705
Enclo	(Name of Person) osed is a check for the amount:	(Area Cod	e & Daytime Telephone Number)
\$ 3.	5 Filing Fee \$\int \\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	\$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle

Tallahassee, FL. 32301

Tallahassee, FL.32314

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

LNR ARCHETYPE GP, LTD., CORP.	
(Name of Corporation))
	As to
F09000002461	LL.
(Document Number of Corporation	(if known)
((if known) ARY OF
Cayman Islands	T
(Incorporated Under Laws	STATE LORIDA
This corporation is no longer transacting business or conducting voluntarily surrenders its authority to transact business or conduc	
This corporation revokes the authority of its registered agent in appoints the Department of State as its agent for service of proceeding the time it was authorized to transact business or conduct affairs in	ess based on a cause of action arising during
The following is a current mailing address for the corporation:	
1601 Washington Avenue, Suite 800	
(Mailing Address)	
Miami Beach, FL 33139	
(City/ State /Zip)	
The corporation agrees to notify the Department of State in the fu	nture of any change in its mailing address.
Com Mell	10/14/2013
(Signature of a director, president or other officer - if in the hands of a receiver of other court appointed fiduciary, by that fiduciary)	(Date)
Cory M. Olson	Director and Vice President - Finance
(Typed or printed name of person signing)	(Title of person signing)

FILING FEE \$35