M070000640

(Requestor's Name)
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SLOS MAY OF STALE
WALLAHASSEL FLORID

DEPARTMENT OF CAN

MAY 23 2016 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT	NO.	:	120000000195
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REFERENCE: 148959 7113721

AUTHORIZATION : Smell of

COST LIMIT : \$\int_25.00

ORDER DATE: May 20, 2016

ORDER TIME: 8:53 AM

ORDER NO. : 148959-010

CUSTOMER NO: 7113721

FOREIGN FILINGS

NAME: 2002 CDC MANAGER, L.L.C.

CORPORATE
LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

	egistration vivision of	Section Corporations		
SUBJECT	2002	CDC Manager, L.L.C).	
oc bile .	· ·	(Name of Fo	reign Limited Liability	Company)
Dear Sir o	r Madam:			
The enclos	sed withdra	wal and fee(s) are submitte	d for filing.	
		espondence concerning this		<u>;</u>
HASAN	A R KEI	LLY		
		(Name of Person)		
SUNTR	UŞT CO	MMUNITY CAPITAL	_, LLC	
		(Firm/Company)		-
303 PE	ACHTRI	EE ST. NE - 9TH FL		
		(Address)		-
ATLAN	TA, GA	30308		
		(City/State and Zip Cod	le)	-
For further	informati	on concerning this matter, p	lease call:	
HASANA KELLY 404				813-6735
	(Na	me of Person)	(Area Code &	Daytime Telephone Number)
Registration Section Registration of Corporations Division Clifton Building P.O. B		LING ADDRESS: tration Section on of Corporations Box 6327 tassee, Florida 32314		
Enclosed:	is a check	for the following amount:		
☑ \$25 Fill	ing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

2002 CDC MANAGER, L.L.C.	
(Name of limited liability company)	
GEORGIA	
(Jurisdiction of its organization)	<u> </u>
02/24/2003	
(Date registered with Florida Department of State)	
M0300000640	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(S)gnature of authorized representative)	7
HASANA R KELLY	16
(Typed or printed name of signee)	MAY 20
	20 ;
	19 7
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Filing Fee: \$25.00