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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

LLC DISSOLUTION OR WITHDRAWAL CARLYLE FLORIDIAN GP, L.L.C.

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COVER LETTER

	sistration Section ision of Corporations			
SUBJECT:	Carlyle Floridian GP, L.L.C.			
(Name of Foreign Limited Liability Company)				
Dear Sir or h	Aadam;			
The enclosed	withdrawal and fee(s) are submitted for fi	ling.		
Please return	all correspondence concerning this matter	to the following	:	
Stacy Rosen	thal			
	(Name of Person)		•	
The Carlyle	Group L.P.			
	(FicovCompany)		-	
1001 Pennsy	Ivania Ave NW Ste 220	<i>:</i> :		
	(Address)		-	
Washington	DC 20004			
	(City/State and Zip Code)		•	
For further in	formation concerning this matter, please ca	all:		
Megan Salaz		925 it (948-1914	
	(Name of Person)	(Area Code &) Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		ration Section on of Corporations on 6327		
Enclosed is a	check for the following amount:			
□ \$25 Filing	•	Filing Fee & tified Copy	☐ S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

		18 JA
Carlyle Floridian G	, L.L.C.	4
	(Name of limited liability company)	
Delaware		7
	(Jurisdiction of its organization)	
11/19/2003		
	(Date registered with Florida Department of State)	
M03000003890		
	(Florida Document Number)	
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_	(Signature of authorized representative)	
_	Stay M Rosenthan (Typed or printed name of signee)	

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