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To:

Division of Corporations

Fax Number |: (850)617-6383

From:

Account Name

: CAPITOL SERVICES, INC.

Account Number |: 120160000017

: (855)498-5500

Phone Fax Number

: (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL ACC OP (VILLAGE AT GAINESVILLE) MANAGER LLC

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ACC OP (Village at Gainesville) Manager LLC	
(Name of limited liability con	npany)
Delaware	
(Jurisdiction of its organiza	tion)
05/23/2005	
(Date registered with Florida Departi	ment of State)
M05000002778	
(Florida Document Numb	er)
This limited liability company is withdrawing its certificate Effective Date, if other than the date of filing: [If an effective date is listed, the date must be specific and of more than 90 days after filing.) Note: If the date inserted in this block does not meet the apthis date will not be listed as the document's effective date. **Mathematical Company** Advanced in this block does not meet the apthis date will not be listed as the document's effective date. **Mathematical Company** Advanced in this block does not meet the apthis date will not be listed as the document's effective date.	cannot be prior to date of filing or plicable statutory filing requirements on the Department of State's records.
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Steve Beinke	
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