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Office Use Only



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SEP 23 2015 J SHIVERS CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 789788 8059963

AUTHORIZATION

ORDER DATE: September 18, 2015

ORDER TIME : 10:47 AM

ORDER NO. : 789788-145

CUSTOMER NO: 8059963

FOREIGN FILINGS

NAME: ATRIUM TRS GP I, LLC

___ 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

TO: Registration Division o	n Section f Corporations		
Atriu SUBJECT:	m TRS GP I, LLC		
	(Name of Fo	oreign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	ed for filing.	
Please return all cor	respondence concerning this	s matter to the following	3:
Brian Cameror)		
	(Name of Person)		_
Atrium Holding	Company		
	(Firm/Company)		
1114 Avenue o	of the Americas, 39th	Floor	
	(Address)		-
New York, Nev	v York 10036		
	(City/State and Zip Coo	ie)	•
For further informat	ion concerning this matter, p	olease call:	
Brian Cameror	1	212 at (730-7211
(N	ame of Person)		Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check □ \$25 Filing Fee	for the following amount: \$\sigma\$ \$30 Filing Fee &	S55 Filing Fee &	☑ \$60 Filing Fee,
J	Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Atrium TRS GP I, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
10/17/2005			
(Date registered with Florida Department of State)			—
M05000005825			
(Florida Document Number)			_
This limited liability company is withdrawing its certificate of authority in this st	ate.		
(Signature of authorized representative)			
Brian Camelon			
(Typed or printed name of signee)	LECEL ARCY OF STATE Exemásicasottottorol T	15 SEP 22 AM 10: 08	

Filing Fee: \$25.00