

MOB000000235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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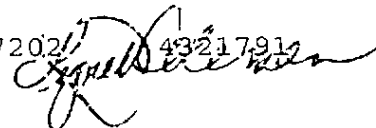
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 21720217 4321791  
AUTHORIZATION :   
COST LIMIT : \$ 55.00

ORDER DATE : December 18, 2023  
ORDER TIME : 1:03 PM  
ORDER NO. : 217202-015  
CUSTOMER NO: 4321791

FOREIGN FILINGS

NAME: CUTLER VISTA PRESERVATION GP  
II, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** \_\_\_\_\_  
Cutler Vista Preservation GP II, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

\_\_\_\_\_  
(Name of Person)

Related Companies

\_\_\_\_\_  
(Firm/Company)

30 Hudson Yards, 72nd Floor

\_\_\_\_\_  
(Address)

New York, New York 10001

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (Area Code & Daytime Telephone Number)

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- |                                                     |                                                                     |                                                              |                                                                                        |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|-----------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cutler Vista Preservation GP II, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/13/2006

(Date registered with Florida Department of State)

M06000000235

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

/s/Alexis Kremen

(Signature of authorized representative)

Alexis Kremen

(Typed or printed name of signee)

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

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Filing Fee: \$25.00