11/22/2017

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 : (512)418-6949 Phone : (954)208-0845 Fax Number

LLC DISSOLUTION OR WITHDRAWAL CENTREPARK WEST XIII INVESTORS LLC

Certificate of Status	em meneral meneral admin	()
Certified Copy		1
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Estimated Charge	•	\$55.00

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Help

J. HARRIE

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C.U	VER.	LAIS I	LLE	R

ro: Registration Division of	n Section Corporations		
	Park West XIII Investors LL	С	
SUBJECT:	(Name of For	eign Limited Liability ('ompany)
Dear Sir or Madam:			
The enclosed withdr	rawał and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following:	
T. Nyaek			
	(Name of Person)		
Snoock & Stroock			
	(Firm/Company)		
180 Maidon Lane			
	(Address)		
New York, NY 100	38		
	(City/State and Zip Cod	le)	
For further informat	tion concerning this matter, p	lease call:	
A. Roberts		212 at (8066551
n	Same of Person)		Daytime Telephone Number)
Registratio Division o Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations ilding utive Center Circle e, Florida 32301	Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations 30x 6327 assee, Florida 32314
Enclosed is a cheel	k for the following amount:		
🗅 \$25 Filing Fee	□ \$30 Piling Fee & Certificate of Status	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
March 17, 200	6	
	(Date registered with Florida Department of State)	
M0600000158	9	
	(Florida Document Number)	
This limited	liability company is withdrawing its certificate of authority in the	us state.
	te, if other than the date of filing:	
	MA	
	(Signature of authorized representative)	
	(Signature of authorized representative)	
	(Signature of authorized representative) Bonnie Wong, Authorized Person	201
	(Signature of authorized representative) Bonnie Wong, Authorized Person	2 7 1
	(Signature of authorized representative)	
	(Signature of authorized representative) Bonnie Wong, Authorized Person	217 127 22
	(Signature of authorized representative) Bonnie Wong, Authorized Person	10
	(Signature of authorized representative) Bonnie Wong, Authorized Person	211 KCV 22 KK
	(Signature of authorized representative) Bonnie Wong, Authorized Person	10

Filing Fee: \$25.00