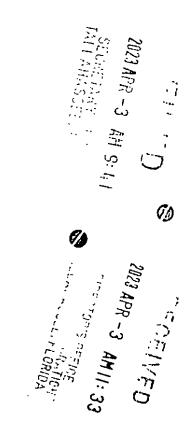
M0600003332

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE APR - 4 2023						

Office Use Only



600399614406



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

		ACCOUNT	NO. :	I2000000	0195		
		REFER:	ENCE :	628283	4816118		
		AUTHORIZA'	rion :	Figure Sim R	enan		
		COST L	IMIT :	\$ 25.00			
ORDER	DATE :	March 31, 2	023				
ORDER	TIME :	9:48 AM					
ORDER	NO. :	628283-020					
CUSTO	MER NO:	4816118					
	-						
FOREIGN FILINGS							
	NAME -	CONSOLIDA	ATEN TRE	CD UTTT	IIC		
	ижит:	CONSOLIDA	AICD IPF	-GP VIII,	חחר		
	CORPORA'	re PARTNERSHIP					
<u>xx</u>		LIABILITY CO	MPANY				
WWW.		s	ron.				
XXXX I	WITHDRAWA	AL/CANCELLAT	LON				

CONTACT PERSON: Eyliena Baker - EXT#

EXAMINER: _____

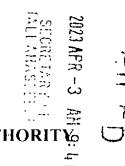
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF STATUS

COVER LETTER

TO: Registratio Division of	n Section Corporations		
Conso	lidated IPF-GP VIII, LLC		
	(Name of For	eign Limited Liability	(Company)
Dear Sir or Madam:			
The enclosed withdi	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Leyla Gungor			
	(Name of Person)		_
Hogan Lovells US	LLP		
	(Firm/Company)	 	_
555 13th Street, NV	v		
	(Address)		_
Washington, DC 20	004		
	(City/State and Zip Cod	e)	-
For further informat	ion concerning this matter, p	lease call:	
Leyla Gungor		202 at (637-6816
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	on Section of Corporations	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:		
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy



2023 AFR -3 SECRETARY FALL ARASSE	
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY	Ü
Consolidated IPF-GP VIII, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	_
5-14-2006	
(Date registered with Florida Department of State)	
.106000003332	
(Florida Document Number)	_
his limited liability company is withdrawing its certificate of authority in this state.	
Iffective 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	
If an effective date is listed, the date must be specific and cannot be prior to date of filing or nore than 90 days after filing.)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements his date will not be listed as the document's effective date on the Department of State's records	
David (advisas.	
(Signature of authorized representative)	
David Laibstain, Authorized Person	
(Typed or printed name of signee)	

Filing Fee: \$25.00