| (Requestor's Name)     |                         |  |
|------------------------|-------------------------|--|
|                        | Address)                |  |
| V                      | (44,633)                |  |
| (/                     | Address)                |  |
| ((                     | City/State/Zip/Phone #) |  |
|                        | _                       |  |
| ☐ PICK-UP              | MAIL MAIL               |  |
| (8                     | Business Entity Name)   |  |
|                        |                         |  |
| (Document Number)      |                         |  |
| Certified Copies       | Certificates of Status  |  |
| Special Instructions t | to Filing Officer:      |  |
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Office Use Only



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

ACCOUNT NO. : I2000000195 REFERENCE : 355306 8330115 AUTHORIZATION COST LIMIT ORDER DATE: December 30, 2021 ORDER TIME : 9:49 AM ORDER NO. : 355306-040 CUSTOMER NO: 8330115 FOREIGN FILINGS NAME: GRE RED WILLOW GP 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

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| GRE Red W  | <br>'illow GP LLC                       |                |   |
|--|---|----------------|---|
| (Name of limited   | l liability company)                    | <del></del>    | _ |
| Dela   | ware                                    |                |   |
| (Jurisdiction o  | its organization)                       | ·              |   |
| Novembe  | r 6, 2006                               |                |   |
| (Date registered with FI   | orida Department of State)              | <del></del>    | _ |
| M0600  | 0006164                                 |                |   |
| (Florida Doc   | ument Number)                           |                | _ |
| This limited liability company is withdrawing i  | ts certificate of authority in this sta | te.            |   |
| Effective Date, if other than the date of filing:  | December 31, 2021                       | (optional)     |   |
| (If an effective date is listed, the date must be s<br>more than 90 days after filing.)<br>Note: If the date inserted in this block does not<br>this date will not be listed as the document's eff | meet the applicable statutory filing    | g requirements |   |
| (Signature of aut  | horized representative)                 | 200            |   |
| Paul Andrews   |   |                |   |
| (Typed or pri  | nted name of signee)                    | 3 AHID: 58     |   |

Filing Fee: \$25.00