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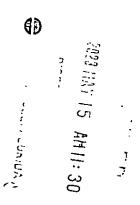
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

CONTACT PERSON: Eyliena Baker - EXT#

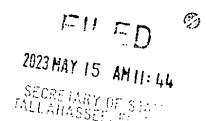
Tallahassee, FL 32303 Phone: 850-558-1500

| | | ACCOUNT | NO. | : | I200000 | 0195 | |
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| | | REFER | ENCE | : | 749662 | 142543A | |
| | | AUTHORIZA | TION | : | CAN A | | |
| | | COST L | IMIT | : | \$/25.00 | Cena | |
| ORDER DAT | E: | May 12, 202 | 3 | | | | |
| ORDER TIM | iE : | 8:52 AM | | | | | |
| ORDER NO. | : | 749662-010 | | | | | |
| CUSTOMER | NO: | 142543A | | | | | |
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EXAMINER: ___

COVER LETTER

| | ion Section of Corporations | | |
|----------------------|--|--------------------------------------|--|
| HRS SUBJECT: | S Oviedo, LLC | | |
| SUBJECT: | (Name of Fo | oreign Limited Liabilit | y Company) |
| Dear Sir or Madar | n: | | |
| The enclosed with | drawal and fee(s) are submitt | ed for filing. | |
| Please return all co | orrespondence concerning thi | s matter to the followi | ng: |
| Retta Faulkner | | | |
| | (Name of Person) | | _ |
| Harbert Manage | ment Corporation | | |
| | (Firm/Company) | | |
| 2100 Third Aven | ue North, Suite 600 | | |
| | (Address) | | _ |
| Birmingham, AL | 35203 | | |
| | (City/State and Zip Co | de) | _ |
| For further informa | ation concerning this matter, | please call: | |
| Retta Faulkner | | 205 at (| 987-5679 |
| (| Name of Person) | (Area Code | & Daytime Telephone Number) |
| Division P.O. Bo | tion Section of Corporations | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| Enclosed is a chec | k for the following amount: | | Tallahassee, FL 32303 |
| □\$25 Filing Fee | ☐ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & |



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| HRS Oviedo, LLC |
|--|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| November 22, 2006 |
| (Date registered with Florida Department of State) |
| M0600006494 |
| (Florida Document Number) |
| Effective Date, if other than the date of filing: |
| (Typed or printed name of ciance) |

Filing Fee: \$25.00