Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (850)222-1092 Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL GRAND RESERVE PROPERTY OWNER - VEF VI, LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

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MAR 2 6 2013

T. HAMPTON

COVER LETTER

	Registration Division of (Section Corporations				
SUBJEC	Grand	Grand Reserve Property Owner-VEF VI LLC				
Dunne	(Name of Foreign Limited Liability Company)					
Dear Sir o	or Madam:					
The enclosed withdrawal and fee(s) are submitted for filling.						
Please return all correspondence concerning this matter to the following:						
Tracy i	Bryan					
(Name of Person)						
Ares Management LLC						
		(Firm/Company)				
3340 Peachtree Road NE Suite 1800						
٠.	. ,	(Address)				
Atlanta, GA 30326						
	(City/State and Zip Code)					
For further information concerning this matter, please call:						
Tracy Bryan			404 at (,	814-5204	
	(Na	mo of Person)		ode & D	sytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassue, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status		\$55 Filing Fee & Certified Copy		☐ \$60 Filing Pee, Certificate of Status & Certified Copy		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Grand Reserve Property Owner-VEF VI LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
January 17. 2007
(Date registered with Florida Department of State)
M07000000296
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
(Typed or printed name of signee)

Filing Fee: \$25.00

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