## M0700000439

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------|
| (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ddress)             |           |
| (A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ddress)             |           |
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| PICK-UP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ☐ WAIT              | MAIL      |
| (В                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | dusiness Entity Nam | ne)       |
| (C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ocument Number)     |           |
| Certified Copies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Certificates        | of Status |
| Special Instructions to                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | o Filing Officer:   |           |
| 0.000 pt 10.00 pt 10. |                     |           |

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DEC 26 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 111438 7814304 AUTHORIZATION ( COST LIMIT ORDER DATE: December 20, 2019 ORDER TIME : 9:37 AM ORDER NO. : 111438-090 CUSTOMER NO: 7814304 FOREIGN FILINGS NAME: CH REALTY IV/WESTPARK, L.L.C. \_\_\_ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_\_ CERTIFIED COPY XX PLAIN STAMPED COPY \_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Kadesha Roberson - EXT# 62980

EXAMINER:

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CH Realty IV/Westpark, L.L.C.                                                                                                                                                                                                                                                                    |                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| (Name of limited liability company)                                                                                                                                                                                                                                                              | <del></del>     |
| Delaware                                                                                                                                                                                                                                                                                         | 7.52            |
| (Jurisdiction of its organization)                                                                                                                                                                                                                                                               |                 |
| January 24, 2007                                                                                                                                                                                                                                                                                 | ` <u>.</u> .    |
| (Date registered with Florida Department of State)                                                                                                                                                                                                                                               | 4-,             |
| M07000000439                                                                                                                                                                                                                                                                                     |                 |
| (Florida Document Number)                                                                                                                                                                                                                                                                        |                 |
| If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.)  Note: If the date inserted in this block does not meet the applicable statutory filing his date will not be listed as the document's effective date on the Department of | 10 feduirements |
| (Signature of authorized representative)                                                                                                                                                                                                                                                         | _               |
| Carlos Rainwater, VP of Crow Holdings Manager, L.L.C., Manager                                                                                                                                                                                                                                   |                 |
| (Typed or printed name of signee)                                                                                                                                                                                                                                                                | _               |

Filing Fee: \$25.00