

100317933251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

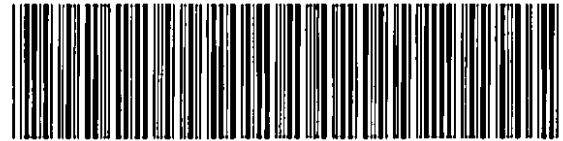
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100317933251

FILED  
18 SEP -7 AM 11:07  
TALLAHASSEE  
FLORIDA  
18 SEP -7 PM 1:56

9/18/07

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

ACCOUNT NO. : I20000000195

REFERENCE : 378103 5138497

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : September 7, 2018

ORDER TIME : 12:03 PM

ORDER NO. : 378103-015

CUSTOMER NO: 5138497

FOREIGN FILINGS

NAME: FUND VIII SOUTHPOINTE, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: \_\_\_\_\_

2018 SEP -7 A 11:03  
FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fund VIII Southpointe, LLC  
\_\_\_\_\_  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jennifer Symmis

\_\_\_\_\_  
(Name of Person)

TA Realty LLC

\_\_\_\_\_  
(Firm/Company)

28 State Street, 10th Floor

\_\_\_\_\_  
(Address)

Boston, MA 02109

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Symmis

617 476-2797  
at \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

\_\_\_\_\_  
(Name of Person)

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, 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 Fee, Certificate of Status & Certified Copy

FILED  
SEP - 7 AM '03

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Fund VIII Southpointe, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

2/23/2007

(Date registered with Florida Department of State)

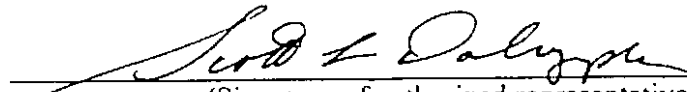
M07000001097

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective 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 more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

  
(Signature of authorized representative)

Scott L. Dalrymple

(Typed or printed name of signee)

Filing Fee: \$25.00