6/14/2017



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023

Phone

; (512)418-6949

Fax Number

: (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL VIF II/CYPRESS GREENS, LLC

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11.

COVER LETTER

	ation Section n of Corporations		٠.			
SUBJECT: VI	If II/Cypress Greens, LLC			,		•
	(Name of F	oreign Limited L	iability C	ompany)		
Dear Sir or Mad	an:	:	•**.			
The enclosed wi	thdrawal and fee(s) are submitt	ed for filing.	4.			
Please return all	correspondence concerning thi	s matter to the fo	illowing:			
Jenni Fernandez	` •	·				
	(Name of Person)	`:				
	• •					
AEW Capital M	fanagement, LP		•			
	(Firm/Company)					
Two Seaport La	ne, 15th Floor	•			5	
	(Address)				```	Imp Ax
Boston, MA 022	210					HE WAR
	(City/State and Zip Co	ode)				SEC C
For further infor	mation concerning this matter,	please call:		• .		FSI
Jenni Fernandez	:	617 at (. 1	261-9201		RIDA RIDA
	(Name of Person)		Code & I	Daytime Telepho	ne Number)	. `.
	ct/Courier address:			NG ADDRES	S:	
Division Clifton	ation Section n of Corporations Building		Divisio	ation Section n of Corporatio x 6327	ins	
	ssee, Florida 32301		Tallaha	ssec, Florida 32	2314	
Enclosed is a ch	eck for the following amount	:			•	
□ \$25 Filing Fee	c \$30 Filing Fee & Certificate of Status	S55 Filing Certified C	Fee &	\$60 Filing Certificate Certified C	of Status &	
	•		٠			:

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VIF II/Cypross	Greens, LLC		·
		(Name of limited liability company)	
Delaware			
		(Jurisdiction of its organization)	, , , , , , , , , , , , , , , , , , ,
	8/2/2007		
	(Date	registered with Florida Department of State)	the state of the state of
	M07000004654	e te ,	
		(Florida Document Number)	
This limited in	iability company i	is withdrawing its certificate of authority in this so	ate.
	James J, Finnegan	Signature of authorized representative)	
		(Typed or printed name of signee)	
			2917 JUN 14 SECRETARY TALLAHASSE

Filing Fee: \$25.00

TILLD III JUN I'U A & 2