| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAJL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
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| Special Instructions to Filing Officer | | | | |
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Office Use Only



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

ACCOUNT NO. : I20000000195

REFERENCE : 243277 8285604

AUTHORIZATION

COST LIMIT

ORDER DATE: November 15, 2021

ORDER TIME : 10:39 AM

ORDER NO. : 243277-005

CUSTOMER NO: 8285604

FOREIGN FILINGS

NAME: CMS EDU JV GP LLC

_ CORPORATE

_ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY PLAIN STAMPED COPY

____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

COVER LETTER

| | on Section of Corporations | | |
|--|---|--------------------------------------|--|
| CMS SUBJECT: | EDU JV GP LLC | | |
| JUDILET. | (Name of Fo | reign Limited Liabilit | y Company) |
| Dear Sir or Madam | : | | |
| The enclosed withd | Irawal and fee(s) are submitt | ed for filing. | |
| Please return all co | rrespondence concerning this | s matter to the followi | ng: |
| DONNA M. RITT | ERSHAUSEN | | |
| | (Name of Person) | | _ |
| CMS COMPANIE | :S | | |
| | (Firm/Company) | | _ |
| 308 E. LANCAST | ER AVENUE, SUITE 300 | | |
| | (Address) | | _ |
| WYNNEWOOD, F | PA 19096 | | |
| | (City/State and Zip Coo | le) | _ |
| For further information | tion concerning this matter, p | olease call: | |
| DONNA M. RITTE | ERSHAUSEN | 610 at (| 896-3000 |
| 4) | lame of Person) | | & Daytime Telephone Number) |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| 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 |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CMS EDU JV | GP, LLC | | |
|------------------------------------|---|---|---------------------------|
| | (Name of limited liability company) | | ~ |
| DELAWARE | | | 7021 NOV |
| | (Jurisdiction of its organization) | | |
| 10/04/2007 | | 2 · · · · · · · · · · · · · · · · · · · | <u>2</u> |
| | (Date registered with Florida Department of State) | - : : : = : | |
| M0700000598 | 32 | | 5 6 |
| | (Florida Document Number) | . ^ | |
| more than 90 Note: If the d | we date is listed, the date must be specific and cannot be prior to days after filing.) late inserted in this block does not meet the applicable statutory is not be listed as the document's effective date on the Department | filing requirer | nents, |
| | (Signature of authorized representative) | | |
| | SEE ATTACHED SIGNATURE PAGE (Typed or printed name of signee) | | |
| | (1 yped of printed name of signee) | | |

Filing Fee: \$25.00

*** Signature Page ***

CMS EDU JV GP. LLC, a Delaware limited liability company

By: CMS Educational Assets Fund, L.P., a Delaware limited partnership

> By: CMS Edu Associates, L.P., a Delaware limited partnership

> > By: MSPS Edu, Inc., a Delaware corporation

> > > Name: Donna M. Rittershausen

Title: Vice President

CMS 2007 Investment Partners RE, L.P., By: a Delaware limited partnership

> CMS 2007. Inc., a Delaware By: corporation

Name: Donna M. Rittershausen

Title: Vice President

CMS 2007 Investment Partners RE-Q. L.P., By: a Delaware limited partnership

> By: CMS 2007, Inc., a Delaware corporation

Name: Donna M. Rittershausen

Title: Vice President