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(F	Requestor's Name)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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,,	ousiness Littly Name,	
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COVER LETTER

TO:

Registration Section Division of Corporations

G&I Y	VI SOUTH FLORIDA	PORTFOLIO LLC		
.50b3EC1.	(Name of Fo	reign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withdr	awal and fee(s) are submitte	ed for filing.		
Please return all corr	respondence concerning this	matter to the following	:	
Indira Negron				
	(Name of Person)	<u> </u>		
C/O DRA Advis	sors LLC			
_	(Firm/Company)		•	
220 East 42nd	Street, 27th Floor			
	(Address)		•	
New York, NY	10017			
	(City/State and Zip Coo	ie)	-	
For further informati	ion concerning this matter, p	olease call:		18 JUN 18 PM12: 2!
Indira Negron		212 at (697-4740	
(N	ame of Person)		Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Exect	Corporations	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		5.2 5.2
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

6&I VI SOUTH FLORIDA PORTFOLIO LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
6/11/2008	
(Date registered with Florida Department of State)	
M08000002763	
(Florida Document Number)	
his limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	18 JUN 18 PM 2: 25

Filing Fee: \$25.00