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SECRETARY OF STATE STATE OF CHAPGRATIONS

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COVER LETTER

Division o	f Corporations				
	VI SOUTH FLORIDA	PORTFOLIO SPE	ELLC		
SUBJECT:	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Madam	:				
The enclosed withd	rawal and fee(s) are submitte	ed for filing.			
Please return all con	rrespondence concerning this	matter to the following	:		
Indira Negron					
	(Name of Person)				
C/O DRA Advi	sors LLC				
	(Firm/Company)		-		
220 East 42nd	Street, 27th Floor				
	(Address)	,	-		
New York, NY	10017				9
	(City/State and Zip Coo	ie)	-	13	ASION ASION
For further informa	tion concerning this matter, p	blease call:		8 1 Kill 81	H PETARS
Indira Negron		212 at (697-4740		0470 0470 8 40 7
C	Name of Person)		Daytime Telephone Number)	 25	RATIO
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		-	IONS F
Enclosed is a check	k 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

G&I VI SOUTH FLORIDA PORTFOLIO SPE LLC		
(Name of limited liability company)		
Delaware		
(Jurisdiction of its organization)		
06/30/2008		
(Date registered with Florida Department of State)		
M0800003109		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.		
(Signature of authorized representative) 3900 BOCT (Typed or printed name of signee)	18 JUH 18 PM12: 25	SEURITARY OF STATE SEURITARY OF STATE

Filing Fee: \$25.00