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COVER LETTER

то:	Registration Division of	n Section Corporations					
SUBJE	CT:	Southern (Name of Fo	Pines reign Limited Lia	Mu bility Co	Hifamily mpany)	Partners,	LL
Dear Sir	or Madam:						
The enc	losed withdr	awal and fee(s) are submitte	ed for filing.				
Please re	eturn all corr	respondence concerning this	s matter to the foll	owing:			
	Bro	andi Ferrar (Name of Person)	i				
	Coven	ant Capital (Firm/Company)	Group				
	4515	Harding Re	d, Ste 2	10_			
	Nas	Wille, TN (City/State and Zip Coo	3720 <i>5</i>				
For furth	ner informati	on concerning this matter, p	olease call:				
Br	andi (Na	Fevrari ame of Person)	at (<u>[0]</u>	5 Code & Da	250- 16 Aytime Telephone N	۷۵ Number)	
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	d is a check	for the following amount:					
\$25 F	iling Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing For Certified Cop		□ \$60 Filing Fee Certificate of S Certified Copy	Status &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Southern Pines Multifamily Partner	-s, L	يدر
(Name of limited liability company)	,	
Delaware		
(Jurisdiction of its organization)		
(Date registered with Florida Department of State)		
M0900001759		
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state	e. 🛫	
An.	SECRETAR SECRETAR SECRETAR	15 0EC 11.
(Signature of authorized representative)		et
(Typed or printed name of signee)	Course // C. is	

Filing Fee: \$25.00