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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)288-0845

LLC DISSOLUTION OR WITHDRAWAL
DORAL D2 PHASE LLC

Certificate of Status	0
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Doral D2 Phase LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Nyack
(Name of Person)

Stroock & Stroock & Lavan LLP
(Firm/Company)

180 Maiden Lane, Room 3916
(Address)

New York, NY 10038
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Negron at (212) 806.5630
(Name of Person) (Area Code & Daytime Telephone 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 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

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY


Doral D2 Phase LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

June 26, 2009
(Date registered with Florida Department of State)

M09000002497
(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.


(Signature of authorized representative)

Ethel Gavrilova, Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00