M0900003866

| (Requestor's Name) | | | | | |
|--|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status; | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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SECRETARY OF STATE
SECRETARY OF STATE

DEC 01 2015 S. YOUNG

COVER LETTER

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| | istration Section ision of Corporations | | | |
|---|---|--|---|--------------------------|
| SUBJECT: | CP San Antonio RE Holdo | o LLC | | |
| Sebuce I. | (Name of For | eign Limited Liability | Company) | |
| Dear Sir or N | Лаdam: | | | |
| The enclosed | I withdrawal and fee(s) are submitte | d for filing. | | |
| Please return | all correspondence concerning this | matter to the following | ;: | |
| Monica S | ell | | | |
| | (Name of Person) | | - | |
| CorePoin | te Group LLC | | | |
| | (Firm/Company) | | - | SECTION I |
| 4300 S. US Highway 1, Suite 203-347 | | 17 | | FILE NOV 30 ANASSI |
| | (Address) | | - | 30 PM |
| Jupiter, F | L 33477 | | | SZ # |
| | (City/State and Zip Cod | e) | - | TE NDA |
| For further in | oformation concerning this matter, p | lease call: | | |
| Monica S | ell | 248 at (| 535-9734 | |
| | (Name of Person) | · · · · · · · · · · · · · · · · · · · | Daytime Telephone Number) | |
| Registration Section Regist Division of Corporations Divisi Clifton Building P.O. E | | cration Section on of Corporations Box 6327 hassee, 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 | |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CP San Ant | onio RE Holdco LLC | | | |
|----------------|--|-----------------------------------|---------------|-------------|
| | (Name of limited liability company) | | | |
| Michigan | | | | |
| | (Jurisdiction of its organization) | | | — |
| 9/29/2009 | | | | |
| | (Date registered with Florida Department of State) | | | |
| M09000003 | 866 | | | |
| | (Florida Document Number) | | | |
| This limited l | iability company is withdrawing its certificate of authority in this | state. | | |
| | Wal Will | | | |
| | (Signature of authorized representative) | | | |
| | Leland Wilson, President & CEO | ALL! | ∵ | |
| | (Typed or printed name of signee) | ETARY OF STATI NIASSEE, FLORIO | NOV 30 PH 4:5 | FILED |

Filing Fee: \$25.00