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|---|
| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Duninga Estitublema) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE

16 JUL 27 AH H: 02

J. HARRIS

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 230755 7490443

AUTHORIZATION

COST LIMIT : U\$\25.00

ORDER DATE: July 26, 2016

ORDER TIME: 5:28 PM

ORDER NO. : 230755-005

CUSTOMER NO: 7490443

FOREIGN FILINGS

NAME: LCP SLJV 2010-1 FL-3, L.L.C.

__ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

| Division of | Corporations | | |
|--|--|---|--|
| LCP SUBJECT: | SLJV 2010-1 FL-3, L | .L.C. | |
| SUBJECT: | (Name of For | reign Limited Liabil | ity Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fee(s) are submitte | d for filing. | |
| Please return all corr | espondence concerning this | matter to the follow | ring: |
| Joelle Labrecqu | ıe | | |
| | (Name of Person) | | |
| NorthStar Asse | t Management Group | o Inc. | |
| | (Firm/Company) | | |
| 399 Park Aven | ue, 18th Floor | | |
| | (Address) | | |
| New York, NY | 10022 | | |
| | (City/State and Zip Cod | le) | <u> </u> |
| For further informati | on concerning this matter, p | lease call: | |
| Joelle Labrecqu | те | 212 at (| 547-2683 |
| (N | ame of Person) | | le & 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 | & S60 Filing Fee, Certificate of Status & Certified Copy |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| LCP SLJV 2010-1 FL-3, L.L.C. |
|---|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| March 30, 2010 |
| (Date registered with Florida Department of State) |
| M1000001498 |
| (Florida Document Number) |
| This limited liability company is withdrawing its certificate of authority in this state. |
| (Signature of authorized representative) |
| Jenny B. Neslin |
| (Typed or printed name of signes) |

Filing Fee: \$25.00

SECNE ARY DE STATE