M1000000 4500

(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:

Office Use Only

12/12/18--01069--007   **150.00

Withdrawal

DEC 2 1 2018

D CUSHING

COVER LETTER

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Anders Laren, Senior Managing Director
_____
(Name of Person)

RAIT Financial Trust
_____
(Firm/Company)

Two Logan Square, 100 N. 18th Street, 23rd Floor
_____
(Address)

Philadelphia, PA 19103
_____
(City/State and Zip Code)

For further information concerning this matter, please call:

Anders Laren   215   207-2093
_____ at (_____) _____
(Name of Person)   (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

■ $25 Filing Fee   ❏ $30 Filing Fee &   ❏ $55 Filing Fee &   ❏ $60 Filing Fee,
                       Certificate of Status   Certified Copy   Certificate of Status &
                                                                     Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

REGENCY MANOR FLORIDA OWNER, LLC
_____
(Name of limited liability company)

Delaware
_____
(Jurisdiction of its organization)

10/13/2010
_____
(Date registered with Florida Department of State)
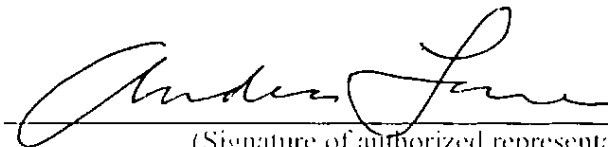
M11000004500
_____
(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

_____
(Signature of authorized representative)

Anders Laren
_____
(Typed or printed name of signee)

Filing Fee: $25.00