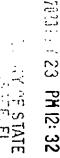
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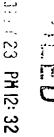
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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to File | ing Officer: | | | | | |
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Office Use Only



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CORPORATION SERVICE COMPANY

1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 763095 5138497 AUTHORIZATION \$ \textbf{\frac{1}{25}}\text{.00} COST LIMIT : ' ORDER DATE: May 22, 2023

ORDER TIME : 8:32 AM

ORDER NO. : 763095-010

CUSTOMER NO: 5138497

FOREIGN FILINGS

NAME: REGENCY GARDENS POINTE, LLC

__ CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

COVER LETTER

| | | | Section Corporations | | | |
|-------------|-------------------|--------------------|---------------------------------------|--------|--------------------------------------|--|
| SUBJEC | יזיי | Regen | cy Gardens Pointe, L | LC | | |
| 5015170 | | | (Name o | f Fore | ign Limited Liability | Company) |
| Dear Sir | or N | 1adam: | | | | |
| The enclo | osed | withdra | awal and fee(s) are sub- | nitted | for filing. | |
| Please re | turn | all corr | espondence concerning | this r | natter to the followin | g: |
| Jennifer | Sy | rmis | | | | |
| | | | (Name of Person) | | · | _ |
| TA Real | ty L | LC | | | | |
| | | | (Firm/Company) | | , | - |
| 1 Federa | al S | treet, 1 | 7th Floor | | | |
| | | | (Address) | | | _ |
| Boston, | MA | 02110 | | | | |
| | | | (City/State and Zip | Code |) | _ |
| For furthe | er in | formation | on concerning this matt | er, pl | ease call: | |
| Jennifer | Syr | mis | | | 617 at (| 476-2797 |
| | | (Na | me of Person) | | | & Daytime Telephone Number) |
|]]] | Reg Div P.O | ision o . Box (| on Section of Corporations | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed | is a | check | for the following amou | unt: | | |
| □\$25 Fi | ling | Fee | San Filing Fee & Certificate of State | เเร | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |



| Regency Gardens Pointe, LLC |
|--|
| (Name of limited liability company) |
| CA |
| (Jurisdiction of its organization) |
| 12/17/2010 |
| (Date registered with Florida Department of State) |
| M1000005593 |
| (Florida Document Number) |
| Effective Date, if other than the date of filing: |
| (Signature of authorized representative) Scott L. Dalrymple |
| (Typed or printed name of signes) |

Filing Fee: \$25.00