M10000005761

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 524192 4321791 AUTHORIZATION COST LIMIT : ORDER DATE: February 24, 2017 ORDER TIME: 9:56 AM ORDER NO. : 524192-005 CUSTOMER NO: 4321791 FOREIGN FILINGS NAME: WINCHESTER GARDENS DEVELOPER, LLC _ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

	ion Section of Corporations			
Wir	nchester Gardens Dev	eloper, LLC		
(Name of Foreign Limited Liability Company)				
Dear Sir or Madar	n:			
The enclosed with	drawal and fee(s) are submitte	ed for filing.		
Please return all co	orrespondence concerning this	s matter to the following	;	
Attention: Leg	pal Department			
	(Name of Person)		-	
Related Com	panies			
	(Firm/Company)		-	
60 Columbus	Circle, 19th Floor			
	(Address)			
New York, NY	10023			
	(City/State and Zip Cod	de)	-	
For further informa	ation concerning this matter, p	olease call:		
Sofia Frrokaj		212	801-3775	
(Name of Person)	at ((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 chec	k 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

Winchester Gardens Developer, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
12/28/2010	
(Date registered with Florida Department of State)	
M1000005761	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative) Jennifer McCool	ů :
(Typed or printed name of signee)	

Filing Fee: \$25.00