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(Re	equestor's Name)					
(Ac	ldress)					
(Ac	ddress)					
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						





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COVER LETTER

TO:

Registration Section

Div	ision of C	Corporations				
SUBJECT:	Orlando Student Venture, LLC					
SOBJECT.	(Name of Foreign Limited Liability Company)					
Dear Sir or N	/Iadam:					
The enclosed	l withdra	wal and fee(s) are submitted	d for filing.			
Please return	all corre	spondence concerning this	matter to the fo	ollowing	:	
Kevin O.	Fogle					
		(Name of Person)			•	
Nelson M	Iullins F	Riley & Scarborough	LLP			
		(Firm/Company)			•	
201 17th	Street	NW, Suite 1700				
		(Address)				
Atlanta, C	SA 303	63				
		(City/State and Zip Code	e)			
For further in	nformatio	n concerning this matter, pl	lease call:			
Kevin O.	Fogle		404 at (ŀ	322-6285	
	(Nai	ne of Person)		a 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		
2 \$25 Filing		or the following amount: \$\Bigsim \$30\$ Filing Fee & Certificate of Status	□ \$55 Filing Certified C		□ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Orlando Student Venture, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
March 30, 2011	
(Date registered with Florida Department of State)	
M11000001618	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	
(Signature of authorized representative)	
Kate Lewis	ma jagar Mangan
(Typed or printed name of signee)	
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Filing Fee: \$25.00