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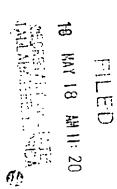
(Requestor's Name)	-					
(Address)	-					
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)	-					
(Document Number)						
Certified Copies Certificates of Status	-					
Special Instructions to Filing Officer:						

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COVER LETTER

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	gistration vision of	Section Corporations				
endirer.	Hidden Harbour Manager SPE, LLC					
SUBJECT:		(Name of Foreign Limited Liability Company)				
Dear Sir or	Madam:					
The enclose	d withdra	iwal and fee(s) are submitte	d for filing.			
Please return	n all corre	espondence concerning this	matter to the follow	ing:		
Renee Luck	chardt					
		(Name of Person)		_		
Harbour Re	ealty Parti	ners, LLC				
		(Firm/Company)		_		
11700 Mac	on Road					
		(Address)		<u> </u>		
Saline, MI	48176					
		(City/State and Zip Coc	le)	_		
For further i	informatio	on concerning this matter, p	olease call:			
Renee Luck	khardt		734	368-2828		
	(Ni	ame of Person)	at ((Area Code	e & 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		for the following amount: \$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

Hidden Harbour Manager SPE , LLC	
(Name of limited liab	illity company)
Delaware LLC	美 工
(Jurisdiction of its o	organization)
05/06/2011	10% 量七
(Date registered with Florida	Department of State)
M11000002291	a Department of State)
(Florida Documer	nt Number)
Effective Date, if other than the date of filing:	t the applicable statutory filing requirements.
Pence Luckha (Signature of authoriz	zed representative)
Renee Luckhai (Typed or printed	-dt
(Typed or printed	name of signee)

Filing Fee: \$25.00