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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)205-8842

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL CRP/POLLACK PRESERVE, L.L.C.

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Estimated Charge	\$25.00

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J. BRUCF

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	gistration Section			
SUBJECT:	CRP/Pollack Preserve, L.L.C.			
oodabe	(Name of Foreign	Limited Liabili	ty Conipany)	
Dear Sir or i	Madam:			
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Stacy M. Ro	osenthal		•	
	(Name of Person)			•
The Carlyle	Group		•	
	(Firm/Company)		_	
1001 Pennsy	ylvania Ave NW			Z.S
	(Address)			
Washington	DC 20004			
	(City/State and Zip Code)			M S
For further is	nformation concerning this matter, please	call:		
Stacy M. Ro	osenthal	202	729-5251	西年
	(Name of Person)	(Area Code	& Daytime Telephone Number)	
Reg Div Cili	REET/COURIER ADDRESS: Istration Section ision of Corporations from Building I Executive Center Circle	Reg Div P.O	ALLING ADDRESS: distration Section distration of Corporations Dox 6327 dahassee, Florida 32314	
	lahassee, Florida 32301	• • • •		

□ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

S25 Filing Fee

□ \$30 Filing Fee & Certificate of Status

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CRP/Pollack F		
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
07/28/2011		
	(Date registered with Florida Department of State)	
M1100000381	9	
	(Florida Document Number)	
	*	
This limited	liability company is withdrawing its certificate of authority in the	nis state.
This limited	liability company is withdrawing its certificate of authority in the	nis state.
This limited	liability company is withdrawing its certificate of authority in the	nis state.
This limited	liability company is withdrawing its certificate of authority in the	nis state.
This limited		
This limited	(Signature of authorized representative)	
This limited	(Signature of authorized representative) Stacy M. Rosenthal	
This limited	(Signature of authorized representative)	SECRETAL JAN
This limited	(Signature of authorized representative) Stacy M. Rosenthal	
This limited	(Signature of authorized representative) Stacy M. Rosenthal	2016 JAN - 7 SEGRETARY 9 PALLAHASSES
This limited	(Signature of authorized representative) Stacy M. Rosenthal	
This limited	(Signature of authorized representative) Stacy M. Rosenthal	2016 JAN - 7 SEGRETARY 9 PALLAHASSES

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