

m11000004544

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2018-02-05 09:42:45 CST

12122023573 From: Kimberly Laughrey

2/5/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
CRP/INSITE BISCAYNE, L.L.C.

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Estimated Charge	\$25.00

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S. WARREN

FEB 06 2018

FILED
18 FEB -5 AM 8:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRP/INSITE BISCAYNE, L.L.C.
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stacy Rosenthal

(Name of Person)

The Carlyle Group LP

(Firm/Company)

1001 Pennsylvania Ave NW Ste 220

(Address)

Washington, DC 20004-2525

(City/State and Zip Code)

For further information concerning this matter, please call:

Washington, DC 20004-2525

202

729-5251

at (

(Name of Person)

(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 check 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

CRP/INSITE BISCAYNE, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

09/09/2011

(Date registered with Florida Department of State)

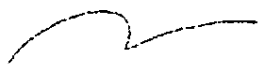
M11000004544

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date in the Department of State's records.


(Signature of authorized representative)

Stacy M Rosenthal
(Typed or printed name of signee)

Filing Fee: \$25.00

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