

2122023573 From: Kimberly Laughrey

Florida Department of State  
Division of Corporations  
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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/POLLACK COLONIAL/ORANGE, L.L.C.**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CRP/POLLACK COLONIAL/ORANGE, 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

\_\_\_\_\_  
(Name of Person)

202

at (\_\_\_\_\_) \_\_\_\_\_

(Area Code & Daytime Telephone Number)

729-5251

**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-POLLACK COLONIAL/ORANGE, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

10/28/2011

(Date registered with Florida Department of State)

M11000005441

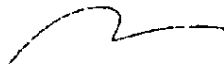
(Florida Document Number)

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 on the Department of State's records.

  
(Signature of authorized representative)Stacey M. Rosenthal  
(Typed or printed name of signee)

Filing Fee: \$25.00