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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nan	ne)
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K. SALY APR 2 1 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE 607803 Denila el man AUTHORIZATION (COST LIMIT : \$ 25.00 ORDER DATE: April 19, 2017 ORDER TIME: 10:29 AM ORDER NO. : 607803-050 CUSTOMER NO: 7387459 FOREIGN FILINGS NAME: BOF-I REO, LLC __ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY __ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Melissa Zender - EXT#

COVER LETTER

TO: Registration of	n Section Corporations		
SUBJECT: I	BOF-I REO, LLC		
		reign Limited Liability (Compuny)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filling.	
Please return all com	respondence concerning this	matter to the following	:
Chri	stine Raymond		
	(Name of Person)		•
Вауч	iew Asset Management, l	LC	
	(Firm/Company)		
4425	Ponce de Leon Blvd., 5tl	n Floor	
	(Address)		
Cora	al Gables, FL 33146 (City/State and Zip Coo	le)	
		,	
For further informati	on concerning this matter, p	lease call:	·
	stine Raymond	at (<u>305</u>	<u>j 341-5598</u>
(Na	ame of Person)	(Area Code &	Daytime Telephone Number)
Registration Division of Clifton Buil 2661 Execu	Corporations	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations tox 6327 assee, Florida 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BOF-I REO, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
12/05/2011
(Date registered with Florida Department of State)
M11000006081
(Florida Decument Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Brian E. Bomstein, Sr. Vice President
(Typed or printed name of signee)

Filing Fee: \$25.00