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**To:**

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

**From:**

Account Name : CORPORATION SERVICE COMPANY  
Account Number : 120000000195  
Phone : (850)521-0821  
Fax Number : (850)558-1515

**LLC DISSOLUTION OR WITHDRAWAL  
COLFIN BULLS FUNDING B, LLC**

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COLFIN BULLS FUNDING B, LLC  
\_\_\_\_\_  
(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.

ATTN: DIRECTOR OF LEGAL

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

COLONY CAPITAL, LLC

\_\_\_\_\_  
(Firm/Company)

590 MADISON AVENUE, 34TH FLOOR

\_\_\_\_\_  
(Address)

NEW YORK, NEW YORK 10022

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call

CAROL MAYERS

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

212

547-2600

at (

\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

COLFIN BULLS FUNDING B, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

02/07/2012

(Date registered with Florida Department of State)

M12000000736

(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.

DocuSigned by  
*Carol Mayers*  
34D16A1AE2E1414

(Signature of authorized representative)

CAROL MAYERS

(Typed or printed name of signee)

**Filing Fee: \$25.00**