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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 160272 7604215

AUTHORIZATION: Smelle Research

COST LIMIT : \$ 25\00

ORDER DATE: May 31, 2016

ORDER TIME : 3:36 PM

ORDER NO. : 160272-010

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: MC STOCK ISLAND FL LANDLORD,

LLC

_ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

TO:

	ion Section of Corporations		
MC SUBJECT:	Stock Island FL Landle	ord, LLC	•
	(Name of For	eign Limited Liabili	ty Company)
Dear Sir or Madai	n:	+	•
The enclosed with	drawal and fee(s) are submitted	d for filing.	
Please return all c	orrespondence concerning this	matter to the follow	ing:
Karen King			·
	(Name of Person)		
SunTrust Equ	uity Funding, LLC		
	(Firm/Company)		
3333 Peachti	ree Road, 10th Floor	·	•
	(Address)		
Atlanta, Geor	gia 30326		
	(City/State and Zip Cod	e) .	
For further inform	nation concerning this matter, p	lease call:	·
Karen King		404 at (439-7662
	(Name of Person)		e & Daytime Telephone Number)
Registrat Division Clifton E 2661 Ex	T/COURIER ADDRESS: cion Section of Corporations Building ecutive Center Circle see, Florida 32301	Re Dir P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, Florida 32314
Enclosed is a che	ck 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

MC Stock Island FL Landlord, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
02/29/2012	
(Date registered with Florida Department of State)	<u> </u>
M12000002618	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this stat	e.
(Signature of sutherized representative)	
(Signature of authorized representative)	
Allison McLeod	
(Typed or printed name of signee)	

Filing Fee: \$25.00