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TO ACKROWLEDGE

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15 AUG 17 AN IO: 23 MECRETARY OF STATE FALLAHASSEE, FLORIDA

AUG 1 8 2015

S. YOUNG

15 AUG

FILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 749021 _ 51384

AUTHORIZATION : Opublication

COST LIMIT : \$ 25.00

ORDER DATE : August 17, 2015

ORDER TIME : 12:59 PM

ORDER NO. : 749021-005

CUSTOMER NO: 5138497

FOREIGN FILINGS

NAME: PRIM RESIDENCES AT COURTNEY

MEADOWS, 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

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

		ion Section of Corporations					
SUBJEC		IM Residences at Cour	tney Meadows,	LLC			
SUBJEC	••	(Name of Fo	reign Limited Liabilit	y Company)			
Dear Sir o	r Madan	n:					
The enclos	sed with	drawal and fee(s) are submitte	d for filing.				
Please reti	um all co	orrespondence concerning this	matter to the following	ng:			
Jen Syı	rmis						
		(Name of Person)		_			
TA Rea	alty LLO	С					
		(Firm/Company)		_			
28 State	e Stre	et, 10th Floor					
		(Address)					
Boston,	, MA 0	2109			,		
		(City/State and Zip Cod	ic)			Š	
For further	r inform	ation concerning this matter, p	lease call:		LARYS LARYS	AUG I	7
Jen Syr	mis		617	476-2797		1	LED
	((Name of Person)		& Daytime Telephone Number)	11.77 22.5	五	
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		17 AC	23	
Enclosed	is a chec	ck for the following amount:					
□ \$25 Fil	ing F ee	☐ \$30 Fiting Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	:		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

PRIM Residences at Courtney Meadows, LLC	
(Name of limited liability company)	
DE	
(Jurisdiction of its organization)	
08/06/2012	
(Date registered with Florida Department of State)	
M12000004419	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	三 6 五
Not 1 Dalmedi	17 H
(Signature of authorized representative)	2 F
Scott L. Dalrymple	32 3
(Typed or printed name of signee)	

Filing Fee: \$25.00