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

(614) 280 - 3338

Phone Fax Number

(954)208-0845

LLC DISSOLUTION OR WITHDRAWAL HARVEST MANAGING MEMBER I LLC

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COVER LETTER

TO: Registration Division of	n Section f Corporations				
SUBJECT: Harve	st Managing Member I LLC	;			
•		reign Limited Liability	Company)		
Dear Sir or Madam:		,			
The enclosed withdr	rawal and fee(s) are submitte	ed for filing.			
Please return all cor	respondence concerning this	matter to the following	:		
**************************************	(Name of Person)				
Harvest Managing	Member III C				
Tial vest lytanaging	(Firm/Company)	***************************************			
	(Address)			201 SE TAL	
	(City/State and Zip Cor	ic)		2016 NOV 23 SEURETARY ALLAHASSE	7
For further informat	ion concerning this matter, p	olease call;		me to	
(N	ume of Person)	at (at (Arca Code &)	2: 5.7 STATE LORRIDA	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 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

arvest Managing Member I LLC (Name of limited liability company)	
elaware	
(Jurisdiction of its organization)	
30/12	
(Date rogistered with Florida Department of State)	
112000004920	
(Florida Document Number)	
nis limited liability company is withdrawing its certificate of authority in this s	state.
trance	
(Signature of authorized representative)	ZEI SEI
Leah Kuor, Assistant Secretary	2016 NOV 23 SECRETARY ALLAHASSE
(Typed or printed name of signee)	AS:
(Typed of printed mane of digutes)	
	TO TO
	rio.
	유 당 첫 유

Filing Fee: \$25.00