M1200005893

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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05/01/19

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 744647 4261510
AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE: April 29, 2019
ORDER TIME : 9:15 AM
ORDER NO. : 744641-080
CUSTOMER NO: 4361510
FOREIGN FILINGS
NAME: MB REO-FL OFFICE, LLC
CORPORATE
LIMITED PARTNERSHIP XX 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: Roxanne Turner - EXT#

COVER LETTER

Division of	Corporations		
MB R SUBJECT:	EO-FL Office, LLC		
30bjec1	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	ed for filing.	
Please return all core	respondence concerning this	s matter to the following	:
Director of Legal			
	(Name of Person)	. <u> </u>	
Colony Capital, Inc			
	(Firm/Company)		
515 S. Flower Stree	t. 44th Floor		
	(Address)	-	
Los Angeles, CA 90	0071		
	(City/State and Zip Coo	de)	
For further informati	on concerning this matter. F	olease call:	
		at ()
7/)	ame of Person)	(Area Code &	Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
□ \$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

		. 🕏
MB REO-FL Office, LLC		30
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	27.0
October 19, 2012		
	(Date registered with Florida Department of State)	
M12000005893		
	(Florida Document Number)	
	ompany is withdrawing its certificate of authority in than the date of filing:	(optional)
	than the date of filing:	
more than 90 days after		to date of filling of
Note: If the date inserte this date will not be list	ed in this block does not meet the applicable statuto ed as the document's effective date on the Departm	ry filing requirements. ent of State's records.
	OccuSigned by:	
	-34D38A:8E2E3434	
	(Signature of authorized representative)	
Carol Ma	yers	
	(Typed or printed name of signee)	

Filing Fee: \$25.00