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300 N. Main Street, Suite 402 Greenville, SC 29601

May 27, 2016

VIA CERTIFIED MAIL

Florida Department of State Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

Re: C-III Realty Services LLC

Withdrawal

Dear Madame or Sir:

Enclosed for filing please find a Notice of Withdrawal of Certificate of Authority and a check in the amount of \$55.00 representing the filing and certified copy fee.

Please send the evidence of the filing to:

C-III Realty Services LLC Attn: Yvonne Owens 300 N. Main Street, Suite 402 Greenville, SC 29601

Please feel free to contact me directly at 864-331-0307 with any questions pertaining to this filing.

Sincerely,

Yvonne Owens Assistant Secretary

/enclosures

COVER LETTER

Registration Section

TO:

Division of	Corporations		
SUBJECT: C-III F	Realty Services LLC		
SUBJECT:		eign Limited Liabilit	y Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all corr	respondence concerning this	matter to the following	ng:
Yvonne Owens			
	(Name of Person)		_
C-III Realty Service	es LLC		
	(Firm/Company)		-
300 N. Main Street,	Ste 402		_
	(Address)		_
Greenville SC 2960	1		
	(City/State and Zip Cod	e)	
For further informat	on concerning this matter, p	lease call:	
Yvonne Owens		864 at (331-0307
(N	ame of Person)		& Daytime Telephone Number)
Registration SectionReDivision of CorporationsDiClifton BuildingP.0		ILING ADDRESS: istration Section ision of Corporations Box 6327 ahassee, Florida 32314	
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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

C-III Realty Services LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
March 7, 2013	
(Date registered with Florida Department of State)	
M13000001474	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state.	•
(Signature of authorized representative) Yvonne Owens, Authorized Person (Typed or printed name of signee)	16 MAY 31 AM 7:2

Filing Fee: \$25.00