Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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COVER LETTER

	tion Section of Corporations				
SUBJECT: PSI	REG Sabal Palm II Owner, LLC	;			
SOBJECT:	(Name of For	eign Limited Liability C	Company)		
Dear Sir or Mada	m:				
The enclosed wit	ndrawal and fee(s) are submitted	d for filing.			
Please return all	correspondence concerning this	matter to the following:			
		ŧ			
NORA RICHAR	DS				
	(Name of Person)				
Pollack Shores F	eal Estate Group, LLC				
	(Firm/Company)				
5605 Glenridge	Or Ste 775				
	(Address)				
Atlanta, GA 303	12-1378				
	(City/State and Zip Cod	e)			
For further inform	nation concerning this matter, p	lease call:			
NORA RICHARDS		404 at (835-1475		
	(Name of Ferson)	(Area Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MÁILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a ch	eck 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

×,			
PSREG Sabal Palm II Owner, LLC			
(Name of limited liability company)			_
DELAWARE			
(Jurisdiction of its organization)			_
04/10/2013			
(Date registered with Florida Department of State)			_
M13C00002250			
(Florida Document Number)			
This limited liability company is withdrawing its certificage of authority in this sta	ate.		
Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing this date will not be listed as the document's effective date on the Department of 3	g requir	g or ements	
(Signature of authorized representative)	-		
(Typed or printed name of signee)	- - - ·	287 DEC 20	tu Gr
Filing Fee: \$25.00		200 B	