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## **COVER LETTER**

TO: Registratio Division of	n Section f Corporations		
Melbe SUBJECT:	ourne Multifamily Partners, I	.LC	
	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdo	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the followin	g:
Angie Barnes			
	(Name of Person)		_
Covenant Capital G	iroup		
	(Firm/Company)		
4515 Harding Road	l. Suite 210		
	(Address)		_
Nashville, TN 3720	05		
	(City/State and Zip Cod	e)	_
For further informat	ion concerning this matter, p	lease call:	
Angie Barnes		615 at (	620-1682
(N	ame of Person)		& Daytime Telephone Number)
Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check	for the following amount:		
<b>■\$2</b> 5 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

Melbourne M	Multifamily Partners, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	<del></del>
04/26/2013		
	(Date registered with Florida Department of State)	<del></del>
M13000003	466	
	(Florida Document Number)	***************************************
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	(Signature of authorized representative)  Govan R. White  (Typed or printed name of signee)	2020 HAY 26

Filing Fee: \$25.00