M13000003S30

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
— (Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724 850-508-1891 (cell)

Date:	12/29/	CT. 20160000072		i: DW
Name:	Pines (City Center	Residence	> Phase II
Document #:				
Order #:	70643	3932		
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good		<u> </u>		
Standing: Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
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Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$	55		FILED 16 DEC 29 - H SECRETARISEE TALLAMASSEE

Thank you!

COVER LETTER

Division o	n Section f Corporations			
SUBJECT. Pines	City Center Residences Pha	ase II LLC		
JODGECT:		oreign Limited Liabil	ity Company)	
Dear Sir or Madam:				
The enclosed withdo	rawal and fee(s) are submitt	ed for filing.		
Please return all cor	respondence concerning thi	s matter to the follow	ring:	
Patricia McBratney				
	(Name of Person)			
Pines City Center R	Residences Phase II LLC			
	(Firm/Company)			
c/o Pines City Cent	er Residences LLC, 2255 G	ilades Road, Suite 42.	3A	
	(Address)			
Boca Raton, FL 334	431			
	(City/State and Zip Co	de)		
For further informat	ion concerning this matter,	please call:		
Charlotte E. Wolve	rton, Jones Day Paralegal	214	969-4567	
(N	ame of Person)	at ((Area Cod	e & Daytime Telephone Numb	er)
Registratio Division of Clifton Bui 2661 Exect Tallahassed	Corporations	Re Div P.C Tal	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Illahassee, Florida 32314	TALLED FILED
□ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	Certified Copy		و پرو

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
June 5, 2013	
	(Date registered with Florida Department of State)
M13000003530	
	(Florida Document Number)
is limited liability comp	any is withdrawing its certificate of authority in this state.
	Alt
	(Signature of authorized representative)
	er Residences LLC, its Sole Member, BY: MCRT Pembroke Pines LLC, Managing Memb iney, Chief Administrative Officer and Secretary
	(Typed or printed name of signee)

Filing Fee: \$25.00