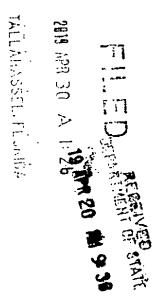


(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:







CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

	: 850-55	8-1500							
								in in	2819
		ACCOUN	T NO.	:	I20000	00001	95		1.P3
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	NAME:	MB REO-	FL MULT	CIFA	MILY,	LLC			
	CORPORA'	TE PARTNERSHI	·р						
XX		LIABILITY		<u>C</u>					
XXXX	WITHDRAW	AL/CANCELLA	TION						
PLEAS	E RETURN	THE FOLLOW	ING AS	PRO	OF OF	FILI	NG:		
		FIED COPY	NDV.						
<u>XX</u>		STAMPED CO FICATE OF S							

EXAMINER: ____

CONTACT PERSON: Roxanne Turner - EXT#

Registration Section

TO:

COVER LETTER

Division o	f Corporations			
	EO-FL Multifamily, LLC			
SUBJECT:	(Name of Fo	oreign Limited Liability (Company)	
Dear Sir or Madam:				
The enclosed withday	rawał and fee(s) are submitt	ed for filing.		
Please return all cor	respondence concerning thi	s matter to the following	:	
Director of Legal				<u>51</u> 5
	(Name of Person)			TALLABALISELITE ME
Colony Capital, Inc				E.
	(Firm/Company)			
515 S. Flower Stree	et, 44th Floor			É-
	(Address)		•	
Los Angeles, CA 9	0071			
	(City/State and Zip Co	de)		
For further informat	ion concerning this matter,	please call:		
	ame of Person)	at () Daytime Telephone Number	.)
(*)		, iva code te	The state of the s	,
Registratio Division of Clifton Bui 2661 Exect	`Corporations	Regist Divisio P.O. B	ration Section on of Corporations fox 6327 assee, 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 of Certified Copy	&

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MB REO-FL Multifamily, I		
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	<u> </u>
. 0. 2012	`	7813 3ALI
August 9, 2013		7
	(Date registered with Florida Department of State)	- 5
M13000005016		نز 30
		r
	(Florida Document Number)	
		<u>-</u>
This limited liability co	mpany is withdrawing its certificate of authority in th	
Effective Date, if other	than the date of filing:	(optional)
	isted, the date must be specific and cannot be prior to	date of filing or
_	ed in this block does not meet the applicable statutory	filing requirements.
	ed as the document's effective date on the Departmen	- *
	•	
	DocuSigned by:	
	Card Mayers	
	34D38A18E2E3434 .	
	(Signature of authorized representative)	
Carol May	yers	
	(Typed or printed name of signee)	

Filing Fee: \$25.00