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Division of Corporations Fax Number : (850)61

(350) 517-5383

From:

Account Name : C T CORPORATION SYSTEM

Account Nimber: FCA00000023 Phone : (512)418-6949 Fax Number: (954)208-0845

## LLC DISSOLUTION OR WITHDRAWAL STOCKBRIDGE CYPRESS PARK WEST, LLC

| THE RESERVE OF THE PROPERTY OF | الكينال البيان البراق الزابل بالكين بيسمية بسبدي وسيدر |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| Certificate of Status                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 0                                                      |
| Certified Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                                                      |
| Page Count                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 02                                                     |
| Estimated Charge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | \$25.00                                                |

Electronic Filing Mehu

Corporate Fifing Menu

Help



## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| Stockbridge Cypress Park Wes                                | erre<br>                                                                                                             |                                  |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------|
|                                                             | (Name of limited liability company)                                                                                  |                                  |
| Delaware                                                    |                                                                                                                      |                                  |
|                                                             | (Jurisdiction of its organization)                                                                                   |                                  |
| August 27, 2013                                             |                                                                                                                      |                                  |
|                                                             | Date registered with Florida Department of State)                                                                    |                                  |
| VL130000054444                                              |                                                                                                                      |                                  |
| To 4 16 17 / July 10 16 16 16 16 16 16 16 16 16 16 16 16 16 | (Florida Document Number)                                                                                            |                                  |
| This limited liability comp                                 | puny is withdrawing its certificate of authority in this state                                                       | e.                               |
| Effective Date, if other th                                 | an the date of filing:                                                                                               | (optional)                       |
| df, an effective date is list<br>more than 90 days after fi | go, the date must be specific and cannot be prior to date of                                                         | f filing or                      |
| Note: If the date inserted                                  | in this block does not meet the applicable statutory filing as the document's effective date on the Department of St | requirements,<br>tate's records. |
| (1)                                                         | )) 1                                                                                                                 |                                  |
| XA                                                          | (Signature of authorized representative)                                                                             |                                  |
|                                                             |                                                                                                                      |                                  |
| Daniel S. W                                                 | aver, Vice President                                                                                                 |                                  |
|                                                             | (Typed or printed name of signee)                                                                                    |                                  |

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