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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL

MPM SUNSTATES FUND GP LLC

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COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	MPM SunStates Fund GP	LLC			
300000		reign Lin	ited Liability	Company)	
Dear Sir o	or Madam:				
The enclo	sed withdrawal and fee(s) are submitte	d for fili	넎.		
Please ret	urn all correspondence concerning this	matter to	the following	3 ;	
Cathy I	Bui				
	(Name of Person)		· · · · · · · · · · · · · · · · · · ·		
				•	ASE 5
c/o Cod	oley LLP				至常 高 。
-	(Firm/Company)		***************************************	_	1012
					ASSET.
3175 H	anover Street				ASSECT A
	(Address)			-	
⇔ ∧!	•				¥ STATE FLORIDA
Palo A	to, CA 94304	···			77
	(City/State and Zip Cod	te)		•	
For furthe	r information concerning this matter, p	lease cal	:		
Sarah I	Reed	at	617	425-9200	
	(Name of Person)	'''		Daytime Telephone Number)	
1 ((STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed	is a check for the following amount:				
Ø \$2 5 Fil	ing Fee C3 \$30 Filing Fee & Certificate of Status		Filing Fee & fied Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

11/5/2015 1:36:53 PM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

MPM SunStates Fund GP LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
08/29/2013	
(Date registered with Florida Department of State)	***
M1300005475	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in this state. By: MPM SunStates GP Managing Member LLC, its Managing Members	- <u>*</u>
Comple famile (Signature of authorized representative)	5 NO
(Signature of authorized representative)	1
Ansbert Gadicke	Ċ
(Typed or printed name of signee)	4 O H

Filing Fee: \$25.00