

9/25/2014 12:50:00 From: To: 8006176883

Division of Corporations

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M130000005595

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
FUNB 2001-3 - 6419 NEWBERRY RD LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
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TALLAHASSEE FLORIDA

14 SEP 25 AM 7:25

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SEP 26 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FUNB 2001-3 - 6419 NEWBERRY RD LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Firm/Company)

5221 N. O'CONNOR BLVD., STE. 600

(Address)

IRVING, TX 75039

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN KYLE

(Name of Person)

at (972) 868-5388

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

FUNB 2001-3 - 6419 NEWBERRY RD LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

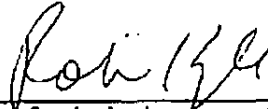
SEPTEMBER 5, 2013

(Date registered with Florida Department of State)

M13000005595

(Florida Document Number)

This limited liability company withdrawing its certificate of authority in this state.



(Signature of authorized representative)

ROBIN KYLE, Authorized Person

(Typed or printed name of signee)

Filing Fee: \$25.00

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14 SEP 25 AM 7:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA