M14000006929

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

CONTACT PERSON: Roxanne Turner - EXT#

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER:

COVER LETTER

			n Section Corporations			
SUBJEC	·T.	CRE 2	011 REO FL-Land, LLC			
SOBJEC	, I ,	(Name of Foreign Limited Liability Company)				
Dear Sir	or N	ladam:				
The enclo	osed	withdr	awal and fee(s) are submitte	ed for filing.		
Please re	turn	all con	respondence concerning this	s matter to the following:		
Director	of L	egal.				
			(Name of Person)			
Colony (Capi	tal. Inc				
			(Firm/Company)			
515 S. FI	lowe	r Stree	t, 44th Floor			
			(Address)			
Los Ang	eles,	CA 90	0071			
			(City/State and Zip Co	de)		
For furthe	er in	formati	ion concerning this matter.	olease call:		
				at ()	
		(N	ame of Person)	(Area Code &	Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			n Section Corporations Iding ntive Center Circle L. Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
			for the following amount:			
□ \$25 Fi	ling	Fee	☐ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CRE 2011 REO FL-Land, LLC	19
(Name of limited liability company)	
Delaware	TAN SOLE
(Jurisdiction of its organization)	100 E C
September 25, 2014	是我一 五
(Date registered with Florida Department of State)	<u> </u>
M14000006929	•
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in the Effective Date, if other than the date of filing:	nis state. (optional)
(If an effective date is listed, the date must be specific and cannot be prior to more than 90 days after filing.)	
Note: If the date inserted in this block does not meet the applicable statutory this date will not be listed as the document's effective date on the Department	filing requirements, nt of State's records.
Card Mayers 34038A18E2E3434.	
(Signature of authorized representative)	
Carol Mayers	
(Typed or printed name of signee)	

Filing Fee: \$25.00