M14000007335

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MAY 23 2018

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

ACCOUNT NO. : I2000000195 REFERENCE : 221032 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE : May 21, 2018 ORDER TIME : 4:31 PM ORDER NO. : 221032-005 CUSTOMER NO: 7794684 FOREIGN FILINGS NAME: DOF II SUNTECH, LLC _ CORPORATE LIMITED PARTNERSHIP XX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

_	gistration rision of (Section Corporations				
SUBJECT:	DOF II SUNTECH, LLC					
SOBSECT.		(Name of Fo	reign Limited Liab	pility Con	прапу)	
Dear Sir or N	Madam:					
The enclosed	d withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corre	espondence concerning this	matter to the follo	owing:		
Robert A. D	el Mona	co				
		(Name of Person)				
Torchlight I	nvestors,	LLC				
		(Firm/Company)				
475 5th Ave	nue, 10tl	h Floor			·	
		(Address)				
New York,	New Yor	k 10017				
		(City/State and Zip Coc	le)			
For further in	nformatic	on concerning this matter, p	lease call:			
Robert A. Del Monaco			212	8	08-3613	
***	(Na	me of Person)	at (ode & Da	ytime 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:				
□ \$25 Filing	g Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing For Certified Cop		2 \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DOF II SUNTE	CH, LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
10/09/2014		
	(Date registered with Florida Department of State)	
M14000007335		
	(Florida Document Number)	
This limited li	iability company is withdrawing its certificate of authority in thi	s state.
Effective Date	(optional)	
(If an effective	e date is listed, the date must be specific and cannot be prior to days after filing.)	date of filing or
Note: If the da	ate inserted in this block does not meet the applicable statutory not be listed as the document's effective date on the Department	
tins date with	not be fisted as the document seffective date on the iseparation	on state s records.
		HAY 2
	/s/ Robert A. Del Monaco	
	(Signature of authorized representative)	MAY 22 @ 1
	Robert A. Del Monaco	
	(Typed or printed name of signer)	

Filing Fee: \$25.00