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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144
Phone : (305)520-2344

Fax Number : (305)520-2400

LLC DISSOLUTION OR WITHDRAWAL PI TELECOM INFRASTRUCTURE S, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

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COVER LETTER

| | egistration Section vision of Corporations | | | * | |
|--|---|---|---|---|--|
| SUBJÉCT | Pl Telecom Infrastructure S, | LLC | | | |
| OUBSECT | | (Name of Foreign Limited Liability Company) | | | |
| Dear Sir or | Madam: | | | | |
| The enclose | ed withdrawal and fee(s) are submitted for | or filing. | | | |
| Please retur | m all correspondence concerning this ma | atter to the following: | | | |
| Attn: Leg | gal Department | | | | |
| | (Name of Person) | | | | |
| | | | | | |
| | | | | | |
| | (Firm/Company) | | | | |
| 2855 Le | Jeune Rd., 4th Floor | | | | |
| | (Address) | | | | |
| Coral Ga | ables, FL 33134 | | | | |
| | (City/State and Zip Code) | H. | | | |
| For further i | nformation concerning this matter, pleas | se call: | | | |
| Jessica F | Perez Perez | 305 | 520-2366 | | |
| | (Name of Person) | | 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: | | | | |
| S25 Filing | g Fee S30 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

| PI Telecom | Infrastructure S, LLC | |
|--|--|-------------|
| | (Name of limited liability company) | |
| Delaware | | |
| | (Jurisdiction of its organization) | |
| 11/3/2014 | r) | |
| ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | (Date registered with Florida Department of State) | |
| M14000007 | 7968 | |
| ······································ | (Florida Document Number) | |
| This limited | liability company is withdrawing its certificate of authority in this state. | |
| | (Signature of authorized representative) | |
| | Kolleen Cobb, Wce President | |
| | (Typed or printed name of signee) | |

Filing Fee: \$25.00