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TO:

COVER LETTER

	gistration Sec rision of Corp				
SUBJECT:	UDF IV ACQUISITIONS MANAGER, LLC				
SOBILCT.		(Name of Fo	reign Limited Liabili	ty Com	pany)
Dear Sir or 8	Madam:				
The enclosed	d withdrawal	and fee(s) are submitte	d for filing.		
Please return	ı ali correspo	ndence concerning this	matter to the follow	ing:	
DONNA LA	AWSON				
		(Name of Person)			
United Deve	elopment Fur	oding			
		(Firm/Company)			
1301 Munic	ipal Way, St	200			
		(Address)			
Grapevine,	Texas 76051				
	<u>, </u>	(City/State and Zip Cod	le)		
For further in	nformation co	oncerning this matter, p	lease call:		
Donna Laws	son		817 at (83	35-0650
	(Name o	of Person)		e & Day	time 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 t	he following amount:			
□ \$25 Filing	g Fee 🗎	\$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	} C	l \$60 Filing Fee, Certificate of Status & Certified Copy

PHLED

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

UDF IV ACQUISITIONS MANAGER, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
November 6, 2014
(Date registered with Florida Department of State)
M14000008065
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state. Effective Date, if other than the date of filing:
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
(Signature of authorized representative)
Cara Obert, CFO, UDF IV
(Typed or printed name of signee)

Filing Fee: \$25.00