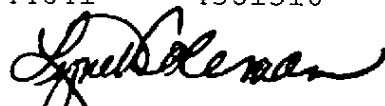


CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 744641 4361510
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : April 29, 2019
ORDER TIME : 9:01 AM
ORDER NO. : 744641-010
CUSTOMER NO: 4361510

FOREIGN FILINGS

NAME: 2012-1 CRE ADC REO-FL
HOSPITALITY, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 2012-1 CRE ADC REO-FL Hospitality, 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:

Director of Legal

(Name of Person)

Colony Capital, Inc.

(Firm/Company)

515 S. Flower Street, 44th Floor

(Address)

Los Angeles, CA 90071

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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:

- \$25 Filing 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

2012-1 CRE ADC REO-FL Hospitality, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

November 10, 2014

(Date registered with Florida Department of State)

M14000008118

(Florida Document Number)

FILED
19 APR 30 AM 7:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: _____ (optional)
(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.

DocuSigned by:
Carol Mayers
34D38A18E2E3434

(Signature of authorized representative)

Carol Mayers

(Typed or printed name of signee)

Filing Fee: \$25.00