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

CORPORATE
LIMITED PARTNERSHIP
LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER:

COVER LETTER

	stration Sec sion of Corp				
SUBJECT:	NorthStar I	3D Securities, LLC			
SUBJECT.		(Name of For	eign Limited Liability (Company)	<u>.</u> .
Dear Sir or M	1adam:				
The enclosed	withdrawal	and fee(s) are submitted	d for filing.		
Please return	all correspo	ondence concerning this	matter to the following	:	
Carol Mayers	S				
		(Name of Person)			
Colony Capit	tal, Inc.				
	·	(Firm/Company)			
590 Madison	Avenue, 3.	4th Floor		•	E 100
		(Address)			
New York, N	NY 10022				7.8
		(City/State and Zip Cod	e)		
For further in	iformation o	oncerning this matter, p	lease call:		28 A 1: 117
			at ()	
	(Name	of Person)	(Area Code &	Daytime Telephone Numbe	r)
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	a check for	the following amount:			
□ \$25 Filing	;Fee □	1 \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status Certified Copy	&

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NorthStar BD S	Securities, LLC		
	(Name of limited liability company)		
Delaware			
	(Jurisdiction of its organization)		
03/06/2015			
	(Date registered with Florida Department of State)	·· ·	
M1500000176	6		
	(Florida Document Number)		
This limited I	iability company is withdrawing its certificate of authority ir	ı this state.	
Effective Dat	(optional)	
more than 90 Note: If the d	re date is listed, the date must be specific and cannot be prior days after filing.) late inserted in this block does not meet the applicable statute not be listed as the document's effective date on the Department of the Depart	ory filing requireme	ents,
	Signature of authorized representative)		
	Kristen Whealon		
	(Typed or printed name of signee)	AND ROY 28 A 1: 47	FILED

Filing Fee: \$25.00