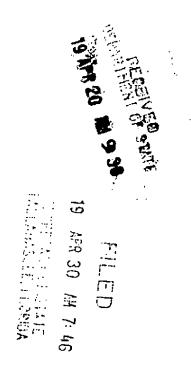
MI5000003035

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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

ACCOUNT NO. : 12000000195 REFERENCE : 744641 4361510 AUTHORIZATION COST LIMIT ORDER DATE: April 29, 2019 ORDER TIME : 9:11 AM ORDER NO. : 744641-055 CUSTOMER NO: 4361510 FOREIGN FILINGS NAME: CRE ADC 2013 FL-RETAIL, 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

| Division of Corporations | |
|--|---|
| CRE ADC 2013 FL-Retail, ELC | |
| | Foreign Limited Liability Company) |
| Dear Sir or Madam: | |
| The enclosed withdrawal and fee(s) are submi | tted for filing. |
| Please return all correspondence concerning t | his 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 C | Code) |
| For further information concerning this matter | r. 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 Enclosed is a check for the following amoun | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| □ \$25 Filing Fee □ \$30 Filing Fee & Certificate of Status | □ \$55 Filing Fee & □ \$60 Filing Fee. |

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| CRE ADC 2013 | FL-Retail, LLC | |
|------------------|---|---------------------|
| | (Name of limited liability company) | |
| Delaware | | 1 9 |
| - | (Jurisdiction of its organization) | |
| April 22, 2015 | | 第2 |
| - | (Date registered with Florida Department of State) | 1 0 1 |
| M15000003035 | | |
| | (Florida Document Number) | £6 |
| This limited lia | ability company is withdrawing its certificate of authority in this | s 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 clays after filing.) | |
| | to inserted in this block does not meet the applicable statutory f | iling requirements |
| this date will n | ot be listed as the document's effective date on the Department | of State's records. |
| | Carol Mayers | |
| | 34038A18E2E3434 | |
| | (Signature of authorized representative) | |
| | Carol Mayers | |
| | (Typed or printed name of signee) | • |

Filing Fee: \$25.00