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| (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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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 744641 AUTHORIZATION : COST LIMIT : ORDER DATE: April 29, 2019 ORDER TIME : 9:13 AM ORDER NO. : 744641-060 CUSTOMER NO: 4361510 FOREIGN FILINGS NAME: MB REO-FL CHURCH 2, 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#

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &

COVER LETTER

| | gistration Section vision of Corporations | |
|-----------------------|---|---|
| end neem | MB REO-FL Church 2, LLC | |
| SUBJECT: | | n Limited Liability Company) |
| Dear Sir or | Madam: | |
| The enclose | ed withdrawal and fee(s) are submitted fo | or filing. |
| Please retur | n all correspondence concerning this ma | tter to the following: |
| Director of | Legal | |
| | (Name of Person) | |
| Colony Cap | oital, Inc. | |
| | (Firm/Company) | |
| 515 S. Flov | ver Street, 44th Floor | |
| | (Address) | |
| Los Angele | es, CA 90071 | |
| | (City/State and Zip Code) | |
| For further | information concerning this matter, pleas | se call: |
| | (Name of Person) | at () (Area Code & Daytime Telephone Number) |
| Re Di Cli 26 | REET/COURIER ADDRESS: gistration Section vision of Corporations ifton Building 61 Executive Center Circle Hahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

□ \$55 Filing Fee & □ \$60 Filing Fee.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| MB REO-FL Church 2, LLC | | 5 5 |
|---|---|----------------------------|
| | (Name of limited liability company) | 7 |
| Delaware | | 30 15 |
| 7 = 6 | (Jurisdiction of its organization) | 7. |
| July 10, 2013 | | 第1 元 第1 五 |
| (1 | Date registered with Florida Department of State) | 37 0-1 |
| M13000004351 | | |
| | (Florida Document Number) | - |
| more than 90 days after fili Note: If the date inserted in | d. the date must be specific and cannot be price | atory filing requirements. |
| Carol Mayers | Carol Mayers 34D38A18E2E3434 (Signature of authorized representative) | |
| ****** | (Typed or printed name of signee) | |

Filing Fee: \$25.00