M/6000000159

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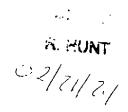


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CT CORP

(850) 656-4724 3458 lakesore Drive Tallahassee, FL 32312

Da	ate:	02/20/2024	a: DW		
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Name:	DB Aster II	I, LLC			
Document #:					
Order #:	15391478	- 14			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial		Country of Destination:	65		
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Thank you!

COVER LETTER

	ion Section of Corporations				
DB SUBJECT:	ASTER III, LLC				
SUBJECT:	(Name of Fo	reign Limited Liability	Company)		
Dear Sir or Mada	n:				
The enclosed with	drawal and fee(s) are submitte	ed for filing.			
Please return all c	orrespondence concerning this	matter to the followin	g:		
Sebastian Aziz					
	(Name of Person)		_		
Deutsche Bank					
	(Firm/Company)		_		:
1 Columbus Circ	le				- * <u>:</u>
	(Address)		_	-	27
New York, New	York 10019			, * ; . 	73 St.
	(City/State and Zip Coo	ie)			හ ග
For further inform	nation concerning this matter, p	please call:			
Sebastian Aziz		212 at (250-9238		
	(Name of Person)		& Daytime Telephon	e Number)	
Registr Divisio P.O. Bo	Address: ation Section n of Corporations ox 6327 ssee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 816 Tallahassee, FL 32303			
Enclosed is a che	ck for the following amount	:			
⊠\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	□ \$60 Filing F Certificate Certified C	of Status &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

DB ASTER III, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
January 5, 2016	
(Date registered with Florida Department of State)	
M16000000159	
(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 da more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fil this date will not be listed as the document's effective date on the Department of	ling requirements,
(Signature of authorized representative)	
Taylor Chapman-Kennedy, Assistant Secretary	
(Typed or printed name of signee)	
	,
	₽:

Filing Fee: \$25.00