M16000003029

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO THE SERVICE OF THE

RECEIVED 2023 NOV 17 PM 3: 39

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500	
ACCOUNT NO. : I20000000195 REFERENCE : AUTHORIZATION : June Blence COST LIMIT : \$(25.00) ORDER DATE : 11/17/2023 ORDER TIME : 2:30 PM ORDER NO. : CUSTOMER NO:	2023 HOV 17 AM II: 20 - MACLAHASSEE, FL
FOREIGN FILINGS	
NAME: Dadeland CREF X GP 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 STATU:				

CONTACT PERSON: ALEXXIS WEILAND-SORENSON

EXAMINER:

COVER LETTER

TO: Registration Division of	Section Corporations			
	and CREF X GP LLC			
SUBJECT:	(Name of For	eign Limited Liability	Сотралу)	
Dear Sir or Madam:				
The enclosed withdra	awal and fee(s) are submitted	d for filing.		
Please return all corr	espondence concerning this	matter to the followin	g:	
Kellie Hoyt				2
	(Name of Person)		_	023 N
Barings LLC				2023 NOV 17 AM II: 20 STALLAHASSEE FL
	(Firm/Company)		-	7 A
300 South Tryon S	street, Suite 2500			
	(Address)		-	0
Charlotte, NC 2820	02			
	(City/State and Zip Cod	c)	_	
For further informati	on concerning this matter, p	lease cali:		
Kellie Hoyt		860 at (509-2340	
(N	ame of Person)		& Daytime Telephone Number)	
Division of P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, S Tallahassee, FL 32303	
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

Dadeland CREF X GP LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
April 12, 2016	
(Date registered with Florida Department of State)	
M16000003029	
(Florida Document Number)	
(Date registered with Florida Department of State) (Florida Document Number) (Althomographics of authority in this state. (Althomographics of	
Clena Walsh (Signature of authorized representative)	
Elena Walsh	
(Typed or printed name of signee)	

Filing Fee: \$25.00