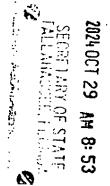
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CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607 850-558-1500. Ext: x62969

To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext: x62969 Date: 10/29/24 Order #: 1665071-3

Re: Realty Associates Fund XI, LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

12000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Realty Associ	iates Fund XI, LLC	1
	(Name of limited liability company)	SE TAL
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<u> </u>	(Jurisdiction of its organization)	F1L
07/07/2016		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	(Date registered with Florida Department of State)	
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	(Florida Document Number)	<u> </u>
(If an effective more than 90 Note: If the contraction of the contract	te, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior days after filing.) date inserted in this block does not meet the applicable statuto not be listed as the document's effective date on the Departm	ry filing requirements,
	(Signature of authorized representative) Scott L. Dalrymple	.
	(Typed or printed name of signee)	

Filing Fee: \$25.00