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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

LLC DISSOLUTION OR WITHDRAWAL
WAYPOINT PORT ST LUCIE OWNER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

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FEB 06 1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Waypoint Port St Lucie Owner, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Rebecca Willis

(Name of Person)

Waypoint Residential

(Firm/Company)

3475 Piedmont Road NE, Suite 1640

(Address)

Atlanta, GA 30305

(City/State and Zip Code)

For further information concerning this matter, please call:

Rebecca Willis

(Name of Person)

770

at ()

817-5950

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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

Waypoint Port St Lucie Owner, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 20, 2016

(Date registered with Florida Department of State)

M16000007466

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Thomas S. Reif

(Typed or printed name of signee)

Filing Fee: \$25.00

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