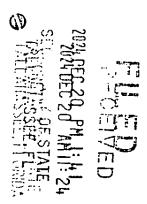


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special instructions to Filing Officer:			

Office Use Only





NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

BR Sonoma Poin	te DST Manager, LLC		
	(Name of limited liability company)		—
Delaware			
	(Jurisdiction of its organization)		_
6/8/2017			
	(Date registered with Florida Department of State)		
M17000004912			
	(Florida Document Number)		_
This limited liab	ility company is withdrawing its certificate of authority in this	state.	
(If an effective d more than 90 da Note: If the date	f other than the date of filing:	ling requirement	
_	(Signature of authorized representative)		
J	ordan Ruddy, Authorized Signatory	1024 DEC 20 FALLÁJJA	erge:
_	(Typed or printed name of signee)	C20 PM 1:41	

Filing Fee: \$25.00