Florida Department of State División of Carporacións Electronic Filing Cover Sheet 1 Florida Department of State División of Carporacións Electronic Filing Cover Sheet

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To:

Division of Corporations

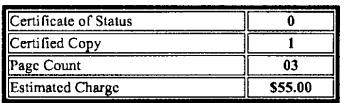
Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

LLC DISSOLUTION OR WITHDRAWAL DDP MANAGER LLC



PARTITION OF STATE TAIL OF STATE TAIL STATE

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COVER LETTER

| | Registration Division of | n Section Corporations | | | |
|--|---|---|--|--|--|
| C. O. I. D. O. | | DDP Manager LLC | | | |
| SUBJEC | (Name of Foreign Limited Liability Company) | | | | |
| Dear Sir o | or Madam: | | | | |
| The enclo | sed withdr | awal and fee(s) are submitte | ed for filing. | | |
| Please ret | um all con | uspondence concerning this | s matter to the following | : | |
| | | (Name of Person) | | | |
| Capitol | Service | s - Corporate Filings (Firm/Company) | Team | | |
| 515 Ea | st Park A | Avenue 2nd Fl (Address) | | | |
| Tallaha | ssee , F | L 32301 | | | |
| | | (City/State and Zip Cod | le) | | |
| For furthe | er informati | on concerning this matter, p | please call: | | |
| | | | at (855 | ₎ 498 - 5500 | |
| | (N | ame of Person) | (Area Code & | Daytime Telephone Number) | |
| | STREET/COURIER ADDRESS: | | MAILING ADDRESS: | | |
| Amendment Section Division of Corporations | | | Amendment Section Division of Corporations | | |
| The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | P.O. Box 6327 Tallahassee, FL 32314 | | | |
| Enclosed | is a check | for the following amount: | | | |
| □ \$ 25 Fil | ling Fee | S30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | S60 Filing Fee, Certificate of Status & Certified Copy | |

H24000043613

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| DDP Manager LLC |
|--|
| (Name of limited liability company) |
| Delaware |
| (Jurisdiction of its organization) |
| June 28, 2017 |
| (Date registered with Florida Department of State) |
| M17000005497 |
| (Plorida Document Number) |
| (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: |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, withis date will not be listed as the document's effective date on the Department of State's records. |
| Katha Singua |
| (Signature of authorized representative) |
| Kathy Binford |
| (Typed or printed name of signee) |

Filing Fee: \$25.00