(Re	equestor's Name)	
(Ac	ddress)	- · · · · ·
(Ac	idress)	
(Ci	ty/State/Zip/Phone	#)
☐ PICK·UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 708533 AUTHORIZATION COST LIMIT ORDER DATE: April 3, 2019 ORDER TIME : 9:56 AM ORDER NO. : 708533-015 CUSTOMER NO: 4300123 FOREIGN FILINGS NAME: GRC 2017 RALLY AUSTIN TR SENIOR, 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 STATUS

EXAMINER:

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

	istration Section ision of Corporations		•	
SUBJECT;	GRC 2017 Rally Austin TR Senior, LLC			
(Name of Foreign Limited Liability Company)				
Dear Sir or N	∕ladam:			
The enclosed	I withdrawal and fee(s) are submitted for fili	ng.		
Please return	all correspondence concerning this matter to	o the following:		
Ken Partlow				
	(Nanic of Person)			
Galaxy Real	ty Company			
	(Firm/Company)			
626 RXR PI	aza, 6th Floor			
	(Address)			
Uniondale, ì	New York, 11557			
	(City/State and Zip Code)			
For further in	formation concerning this matter, please cal	l :		
Ken Partlow	at		723-4755	
	(Name of Person)	\	ytime Telephone Number)	
R e g Divi Clif 266 Tall	REET/COURIER ADDRESS: istration Section sion of Corporations on Building I Executive Center Circle ahassee, Florida 32301	Registrati Division P.O. Box	G ADDRESS: ion Section of Corporations 6327 ee, Florida 32314	
S25 Filing		Filing Fee & U	□ \$60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

	(Name of limited liability company)
Delaware	
	(Jurisdiction of its organization)
10/09/2017	
	(Date registered with Florida Department of State)
M17000008628	
	(Florida Document Number)
This limited l	iability company is withdrawing its certificate of authority in this state.
If an effective more than 90 Note: If the d	e, if other than the date of filing:
	(Signature of authorized representative)
	Ken Partlow
	(Typed or printed name of signec)

Filing Fee: \$25.00