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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 281245 8180712

AUTHORIZATION : Sale

COST LIMIT : \$'25.00

ORDER DATE : December 22, 2022

ORDER TIME : 8:34 AM

ORDER NO. : 281245-015

CUSTOMER NO: | 8180712

FOREIGN FILINGS

NAME: CMF PEPPERTREE, LLC

____ CORPORATE

LIMITED PARTNERSHIP

XX____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland - EXT#

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations CMF Perpertree, LLC SUBJECT: (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: Demi Elliott (Name of Person) Carter Funds, LLC (Firm/Company) 4890 W. Kennedy Blvd., Suite 200 (Address) Tampa, FL 33609 (City/State and Zip Code) For further information concerning this matter, please call: Demi Elliott 813 358-5981 (Name of Person) (Area Code & Daytime Telephone Number) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: □\$25 Filing Fee ☐ \$60 Filing Fee. ☐ \$30 Filing Fee & □\$55 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

CMF Peppertree	e, LLC	103
	(Name of limited liability company)	TO A
Delaware		E 27
	(Jurisdiction of its organization)	र्गार्थक सम्बद्ध
March 9, 2019		平10
	(Date registered with Florida Department of State)	
M18000002583		*
	(Florida Document Number)	
This limited liab	bility company is withdrawing its certificate of authority in this state.	
(If an effective of more than 90 da Note: If the date	if other than the date of filing:	equirements.
_	(Signature of authorized representative)	
7	Thomas W. Guard	
_	(Typed or printed name of signee)	

Filing Fee: \$25.00