(Red	luestor's Name)	
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(City	/State/Zip/Phone	(*)
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(Bus	siness Entity Name	
(Doc	cument Number)	
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Special Instructions to F	Filing Officer.	
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ALLAHASSEE FINE

MAR 0 2 2022 ALBRITTON



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

ACCOUNT NO. : 12000000195

REFERENCE : 517559 _ 8351815

AUTHORIZATION : Spulled

COST LIMIT : \$ 25.00

ORDER DATE: February 28, 2022

ORDER TIME : 8:37 AM

ORDER NO. : 517559-020

CUSTOMER NO: 8351815

**---

FOREIGN FILINGS

NAME: SANTA CLARA I GP LLC

__ CORPORATE

LIMITED PARTNERSHIP

XXX 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

	sion of Co			
SUBJECT: _	Santa Cla	ara I GP LLC		
30 b 31.c.1		(Name of For	reign Limited Liability	Company)
Dear Sir or M	adam:			
The enclosed	withdrawa	I and fee(s) are submitte	ed for filing.	
Please return a	all corresp	ondence concerning this	matter to the followin	g:
Hanna Jama	ar			
		(Name of Person)		_
Lincoln Aver	nue Capit	al		
<u>-</u> -		(Firm/Company)		-
680 5th Avei	nue, 17th	Floor		
		(Address)		_
New York, N	IY 10019			
		(City/State and Zip Cod	le)	
For further inf	ormation (concerning this matter, p	olease call:	
Hanna Jama	ar		646	585-5527
	(Name	of Person)	(Area Code &	& Daytime Telephone Number)
Regi Divi P.O.	Box 632	Section Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a	check for	the following amount:		
□\$25 Filing I	Fee □	l \$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

Santa Clara I Gi	PLLC	cr 😸
	(Name of limited liability company)	72 H
Delaware		AS I
	(Jurisdiction of its organization)	- 522
06/09/2021		AM 9: 40 OF STAT SSEE! FL
<u>-</u>	(Date registered with Florida Department of State)	
M21000007070		75.0
	(Florida Document Number)	
Effective Date. (If an effective more than 90 da Note: If the dat	bility company is withdrawing its certificate of authority in this state if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of ays after filing.) e inserted in this block does not meet the applicable statutory filing of be listed as the document's effective date on the Department of S	(optional) of filing or requirements,
_	/s/ Craig Clark	
	(Signature of authorized representative)	
	Craig Clark	
-	(Typed or printed name of signee)	

Filing Fee: \$25.00