MZ1000016679

| (Req | uestor's Name) |
|---------------------------|------------------------|
| (Add | ress) |
| (Add | ress) |
| (City) | /State/Zip/Phone #) |
| PICK-UP | WAIT MAIL |
| (Busi | iness Entity Name) |
| (Doc | ument Number) |
| Certified Copies | Certificates of Status |
| Special Instructions to F | iling Officer: |
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| | |
| | Office Use Only |

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| STREET, STREET, | 2022 DEC - 1 AH 10: 21 | |
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| ALLANASSEE. FLUN | 2022 DEC - I PM 3: 40 | RECEIVED |

A EUNT DEC - 2 2022



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

| | ACCOUNT NO. | : | 12000000195 |
|--------------|------------------|---|----------------|
| | REFERENCE | : | 170034 7853222 |
| | AUTHORIZATION | : | Equellenan |
| | COST LIMIT | : | \$ 25.00 |
| | | | |
| ORDER DATE : | December 1, 2022 | | |
| ORDER TIME : | 2:08 PM | | |
| ORDER NO. : | 170034-030 | | |
| CUSTOMER NO: | 7853222 | | |
| | | | |

FOREIGN FILINGS

NAME: SILVERVIEW CLO II OWNER 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:

2022 DEC -1 Ait 10: 21 NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Silverview CLO II Owner LLC

| | (Name of limited liability company) | |
|--------------|--|--|
| Delaware | | |
| , | (Jurisdiction of its organization) | |
| 12/09/2021 | | |
| | (Date registered with Florida Department of State) | |
| M21000016679 | | |

(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: December 1, 2022 (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Adamheha Hoffon (Signature of authorized representative)

Adam Hagfors

(Typed or printed name of signee)