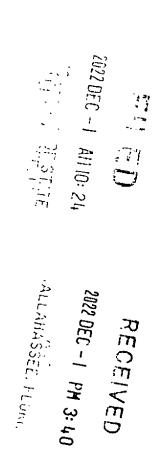
M21000017193

(Requestor's Name)
(Address)
(Address)
,
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(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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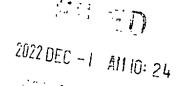
CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

		ACCOUNT NO	o. :	12000000	00195	
		REFEREN	CE :	170034	7853222	
		AUTHORIZATIO	ON :	Lyelle	enan	
		COST LIM	IT :	\$ 25%.00		
ORDER	DATE :	December 1, 20	022			
ORDER	TIME :	2:08 PM				
ORDER	NO. :	170034-035				
CUSTON	MER NO:	7853222				
	-	- 				
		FOREIGN	<u>V FILI</u>	<u>NGS</u>		
	NAME:	SILVERVIEW	CLO I	II OWNER	LLC	
<u></u>		TE PARTNERSHIP LIABILITY COMI	PANY			
XXXX V	VITHDRAW <i>I</i>	AL/CANCELLATION	1			
PLEASI	E RETURN	THE FOLLOWING	AS PR	OOF OF FI	LING:	
XX	PLAIN	FIED COPY STAMPED COPY FICATE OF STATU	JS			

EXAMINER:

CONTACT PERSON: Alexxis Weiland - EXT#



NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY E

Silverview CLO III Owner LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
12/09/2021
(Date registered with Florida Department of State)
M21000017193
(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 nore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as the document's effective date on the Department of State's records.
Adambaha Hosfor (Signature of authorized representative)
Adam Hagfors
(Typed or printed name of signee)

Filing Fee: \$25.00