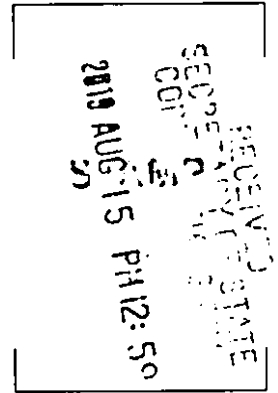




State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**



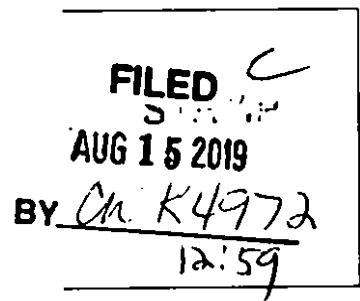
**Certificate of Cancellation**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$75.00

Pursuant to the provisions of RIGL 7-16-53, the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that purpose submits the following statement

1. Entity ID Number: <input checked="" type="radio"/> <b>000923491</b>	2. The name of the limited liability company is: <input checked="" type="radio"/> <b>CCP Trinity 1980 LLC</b>
3. It is organized under the laws of: <input checked="" type="radio"/> <b>Delaware</b>	
4. The entity is not transacting business in this state and surrenders its authority to transact business in this state. <input checked="" type="radio"/>	
5. It revokes the authority of its agent, to accept service of process and consents that service of process in any action, suit or proceeding arising out of the transaction of business in the state of Rhode Island, may thereafter be made on the limited liability company by service thereof on the Department of State of the State of Rhode Island. <input checked="" type="radio"/>	
6. The post office address to which the Department of State may mail a copy of any process against the limited liability company that may be served on him or her is: <input checked="" type="radio"/> <b>18500 Von Karman Avenue, Suite 550, Irvine, CA 92612</b>	
7. As required by RIGL 7-16-8, the entity has paid all fees and franchise taxes. RI Division of Taxation's ORIGINAL letter of good standing (LOGS) for the purpose of dissolution <b>MUST</b> accompany this form. <input checked="" type="radio"/>	
8. Date when the Cancellation will be effective: <b>CHECK ONE BOX ONLY</b> <input checked="" type="radio"/>	
<input checked="" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing) _____	
Under penalty of perjury, I declare and affirm that I have examined this Certificate of Cancellation of Registration and that all statements contained herein are true and correct. <input checked="" type="radio"/>	
Type or Print Name of Authorized Person <b>Michael L. Costa</b>	Date <b>August 14, 2019</b>
Signature of Authorized Person _____ SIGN DOCUMENT HERE	

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov



If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

923491



STATE OF RHODE ISLAND AND  
PROVIDENCE PLANTATIONS  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

RECEIVED  
SECRETARY OF STATE  
2019 AUG 15 PM 12:59

CCP TRINITY 1980 LLC  
18500 VON KARMAN AVENUE, SUITE 550  
IRVINE, CA 92612

## LETTER OF GOOD STANDING

It appears from our records that CCP TRINITY 1980 LLC has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. CCP TRINITY 1980 LLC is in good standing with the Rhode Island Division of Taxation as of 08/02/2019. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.


This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.


This letter is issued pursuant to the request of the above named corporation for the purpose of:

## CANCELLATION

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

  
CARLITA ANNICELLI  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

FILED

AUG 15 2019

BY an K4972  
12:59

465443486:15171301  
DLN: 10006003997  
465443486



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

August 15, 2019 12:59 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

