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Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (954)208-0845

S. TALLENT

DEC 0 8 2017

## DISSOLUTION OR WITHDRAWAL EQR-SWN LINE VISTAS, INC.

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SUBJE	CT: EQR-SWN Line Vistas, Inc.		
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DOCU	MENT NUMBER: F93000004021		
The enc	losed withdrawal application and t	fee are submitted for f	iling.
	eturn all correspondence concerning to the following:	this	
	Christopher Maher		
		(Name of Person)	······································
	EQR-SWN Line Vistas, Inc.		
		(Firm/Company)	
	Two North Riverside Plaza, Suite 400		
		(Address)	
	Chicago, II. 60606		
	. (C	ity/State and Zip code	)
For furth	ner information concerning this matt	er, please call:	
Christoph	ner Maher	et ( Telephone )	74-1300
Enclose	(Name of Person) d is a check for the amount:	(Area Coo	le & Daytime Telephone Number)
<b>⊠</b> \$35 €	Filing Fee \$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is Enclosed)	Certificate of Status & Certified
	MAILING ADDRESS: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL.32314		STREET ADDRESS: Amendment Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL. 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

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