

MO6000005771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

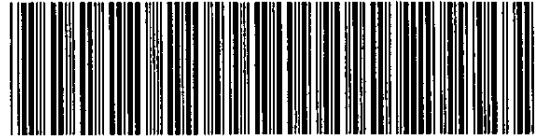
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000303806120

09/25/17--01016--008 \*\*25.00

FILED  
2017 SEP 25 AM 11:08  
NOT RECORDED  
TALLAHASSEE FL 0919A

SEP 26 7:07  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Florida CMX Owner, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EVELYN VELA

(Name of Person)

CONNAUGHT REAL ESTATE FINANCE LLC

(Firm/Company)

222 N. LASALLE STREE STE 100

(Address)

CHICAGO, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

EVELYN VELA

(Name of Person)

at 312 621-3305

(Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee       \$30 Filing Fee & Certificate of Status       \$55 Filing Fee & Certified Copy       \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Florida CMX Owner, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M06000005771

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

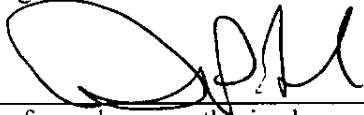
222 N. LASALLE ST., STE 100

(Mailing address)

CHICAGO, IL 60601

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

DANIEL P. FOWLER

(Typed or printed name of signee)

FILED  
2007 SEP 25 AM 11:08  
STATE DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

Filing Fee: \$25.00