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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL INLAND TUSCANY VILLAGE, L.L.C.

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CT CORPORATION

COVER LETTER

Registration Section TO: Division of Corporations Inland Tuccany Village, L.L.C. (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawal and fac(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Beth Sprecher Brooks (Name of Person) Inland Real Estate Corporation (Firm/Company) 2901 Butterfield Road (Address) Oak Brook, Illinois 60523 (City/State and Zip Code) For further information concerning this matter, please call: Sherry Dietz 218.7362 (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations

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

nland Tuscany	Village 1.1.C
	(Name of limited liability company)
)elaware	
	(Jurisdiction of its organization)
407000001206	
	(Florida Document Number)
This limited I othority to to	liability company is no longer transacting business in Florida and surrenders it ansact business in this state.
his limited li	iability company revokes the authority of its registered agent to accept service of
	iability company revokes the authority of its registered agent to accept service of appoints the Department of State as its agent for service of process based on a ransang during the time it was authorized to transact business in Florida.
	appoints the Department of State as its agent for service of process based on sparising during the time it was authorized to transact business in Florida. 11 Butterfield Road (Mailing address)
290	01 Butterfield Road
290	01 Butterfield Road (Mailing address)
Oa The limited li hange in its n	(Mailing address) ak Brook, Illinois 60523 (City/State/Zip) iability company agrees to notify the Department of State in the future of annalling address.
Oa The limited li hange in its n	(Mailing address) ak Brook, Illinois 60523 (City/State/Zip)

Filing Fee: \$25.00

FL070 - 83/16/2010 C T System Caline

Beth Sprecher Brooks

(Typed or printed name of signee)