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(Requestor's Name)				
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	<b>□</b>			
PICK-UP WAIT	MAIL			
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Certified Copies Certificates	s of Status			
Special Instructions to Filing Officer:				





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## **COVER LETTER**

Division of					
ELPF	Gainesville, LLC				
SUBJECT:	(Name of For	eign Limited Liability	Company)		
Dear Sir or Madam:					
The enclosed withdra	wal and fee(s) are submitted	d for filing.			
Please return all corre	espondence concerning this	matter to the followin	g:		
Robert Fay					
	(Name of Person)		_		
LaSalle Investm	nent Management				
	(Firm/Company)		_		
200 E. Randolp	h Dr. Suite 4400			IAC.	2014
	(Address)		<del></del>		
Chicago, IL 606	601			SSA APKA	24
	(City/State and Zip Cod	e)	_	रेगा हुन ना	7
For further informati	on concerning this matter, p	lease call:		FESSE!	-
Robert Fay		312	2282596	,,,,	
(Na	ame of Person)		& Daytime Telephone Number)		
Registration Division of Clifton Buil 2661 Execu	Corporations	Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314		
Enclosed is a check	for the following amount:				
<b>△</b> \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	□ \$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy		

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ELPF Gainesville, LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)	, <u> </u>		
10/22/2007			
(Date registered with Florida Department of State)			
M0700006300			
(Florida Document Number)			
This limited liability company is withdrawing its certificate of authority in this state.	TACES TACES TACES	2014 A	mr.if
Dugay A fall	E FARY	2014 ÁPR 24	į.
(Signature of authorized representative)	11.1 CT	70 71	
Gregory A FA/K	12031 1713	1 : 0	I.
(Typed or printed name of signee)	$\Box$ $\Box$		

Filing Fee: \$25.00