

M07000007056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

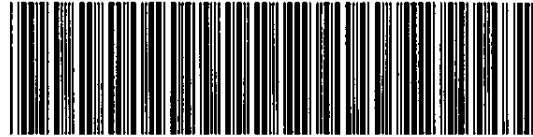
(Document Number)

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

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FILED  
14 APR -7 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1 APR 8 2014

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ABNK UNIVERSITY TOWN CENTER 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:

Pam Lillie

(Name of Person)

Legal Department

(Firm/Company)

4300 East Fifth Avenue

(Address)

Columbus OH 43219

(City/State and Zip Code)

For further information concerning this matter, please call:

Pam Lillie

(Name of Person)

614

at ( )

449-4328

(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

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

ABNK UNIVERSITY TOWN CENTER LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

12/04/2007

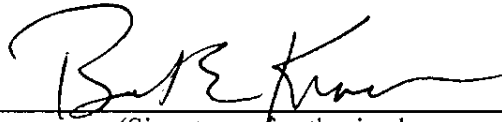
(Date registered with Florida Department of State)

M07000007056

(Florida Document Number)

FILED  
14 APR - 7 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Benton E. Kraner

(Typed or printed name of signee)

Filing Fee: \$25.00