

MO3000003962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

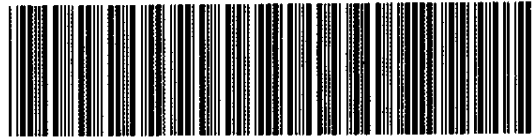
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

DEC 30 2011

EXAMINER



600215475616

RECEIVED

11 DEC 29 AM 10:57

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 PM 4:58



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 041760 7652832

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 PM 12:58

ORDER DATE : December 28, 2011

ORDER TIME : 4:40 PM

ORDER NO. : 041760-010

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: GRE STIC LLC

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Troy Todd - EXT# 2940

EXAMINER: _____

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 29 PM 4:58

GRE STIC LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M03000003962

(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.

Richard E. Michaels c/o Baker & Daniels LLP - 311 S. Wacker Dr., Suite 4400
(Mailing address)

Chicago, IL 60606

(City/State/Zip)

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

Michael D. Della Fera

(Signature of member or authorized representative of a member)

Michael D. Della Fera, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00