Maduliay

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	е)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SEL RETARY OF STATE ALLAMASSEE ALLAMASSEE ALLAMED BEFARTHENT OF STATE OF STATE ALLAMASSEE ALLAMASSE

SEP 2 3 2016 9. YOUNG September 22, 2016

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 10170170 SO

Customer Reference 1: 201500002

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

GTP Structures IV, LLC (DE) Cancellation Florida

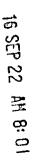
Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

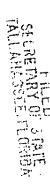
If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com





COVER LETTER

		istration ision of (Section Corporations	·		
SUBJEC	CT:	GTP St	ructures IV, LLC			
002020			(Name of For	eign Limited Liabilit	y Company)	
Dear Sir	or N	/ladam:				
The encl	osed	withdra	wal and fee(s) are submitted	d for filing.		
Please re	eturn	all corre	spondence concerning this	matter to the followi	ng:	
Barbara	M.	Paiva				
			(Name of Person)	· · · · · · · · · · · · · · · · · · ·	-	
America	ın To	ower Cor	poration			
			(Firm/Company)			
1 16 Hu n	nting	ton Avei	nue			
			(Address)	***	-	
Boston,	MA	02116				
			(City/State and Zip Cod	e)		
For furth	er in	ıformatic	on concerning this matter, p	lease call:		
Barbara	М. І	Paiva		617 at (375-7500	
		(Na	me of Person)		e & Daytime Telephone Number)	
			OURIER ADDRESS:		AILING ADDRESS:	
		istration	Section Corporations		Registration Section Division of Corporations	
		ton Build			P.O. Box 6327	
	266	1 Execut	ive Center Circle Florida 32301		lahassee, Florida 32314	
Enclosed	d is a	check f	for the following amount:			
□ \$25 F	iling	Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	\$60 Filing Fee, Certificate of Status &	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
/27/2012	
(Date registered with Florida Department of State)	
M12000001724	
(Florida Document Number)	
his limited liability company is withdrawing its certificate of authority in this state.	
^^ _	ಪ
(Signature of authorized representative)	E E
Chad J. Lindner	SEP 22
	<u> </u>
(Typed or printed name of signee)	œ
	••

Filing Fee: \$25.00