

B 0400 0000115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

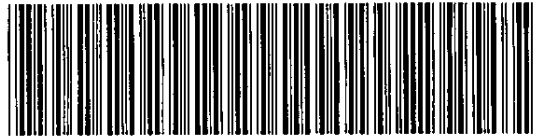
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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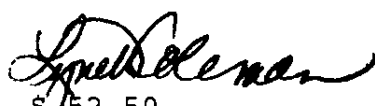
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15 DEC 21 AM 7:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 21 2015

J SHIVERS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 918456 7396281  
AUTHORIZATION :   
COST LIMIT : \$52.50

ORDER DATE : December 18, 2015  
ORDER TIME : 12:03 PM  
ORDER NO. : 918456-010  
CUSTOMER NO: 7396281

FOREIGN FILINGS

NAME: PROLOGIS SIX RIVERS LIMITED  
PARTNERSHIP

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Prologis Six Rivers Limited Partnership  
(Name of Foreign Limited Partnership or Limited Liability Limited Partnership)

The enclosed Notice of Cancellation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Ann M. Schneider  
(Contact Person)  
Equity Office  
(Firm/Company)  
222 S. Riverside Plaza, Suite 2000  
(Address)  
Chicago, IL 60606  
(City, State and Zip Code)

For further information concerning this matter, please call:

Ann M. Schneider at ( 312 ) 466-3607  
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$52.50 Filing Fee       \$61.25 Filing Fee and Certificate of Status       \$105.00 Filing Fee and Certified Copy       \$113.75 Filing Fee, Certified Copy, and Certificate of Status

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**NOTICE OF CANCELLATION  
FOR  
FOREIGN LIMITED PARTNERSHIP  
OR  
LIMITED LIABILITY LIMITED PARTNERSHIP**

**Prologis Six Rivers Limited Partnership**

(Name of foreign limited partnership or limited liability limited partnership)

**B04000000115**

(Florida Document Number of the Foreign LP or LLLP)

**Delaware**

(Jurisdiction of formation)

**3/18/2004**

(Date authorized to transact business in Florida)

This foreign limited partnership or limited liability limited partnership is no longer transacting business in Florida and wishes to cancel its certificate of authority pursuant to s. 620.1907, F.S.

This entity appoints the Florida Department of State as its agent for service of process for rights of action arising out of the transaction of business in this state.

Effective date, if other than the date of filing: **12/31/2015**  
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

**NOTE:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature of a general partner:



Typed or printed name:  
Ann M. Schneider, Asst. Secretary of BRE/IPV  
Allagash GP LLC, a General Partner

**Filing Fee: \$52.50**  
**Certified Copy (optional): \$52.50**  
**Certificate of Status (optional): \$8.75**

SECRETARY OF STATE  
ALLAASH SEC. FLORIDA  
15 DEC 21 AM 7:14  
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