B|500000048

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
_	₩AIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



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ORFIGURE STATE

ORFIGURE IN TO THE TRANSPORT OF THE TRANS

O SIMMONS MAY 0 2 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 620928 4304557

AUTHORIZATION

COST LIMIT :/\\$ 52.50

ORDER DATE: April 28, 2017

ORDER TIME : 9:53 AM

ORDER NO. : 620928-005

CUSTOMER NO: 4304557

<u>FOREIGN FILINGS</u>

NAME: GLOBAL TRUST REAL ESTATE

FUND, LP

CORPORATE

XX 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: Melissa Zender - EXT#

EXAMINER:

COVER LETTER

TO: Registration S Division of C			
	al Trust Real E		
·	of Cancellation and fe		• • • • • • • • • • • • • • • • • • • •
Please return all corre	espondence concernin	g this matter to:	
Joseph M. Ma	annon		
	(Contact Person)		
c/o Vedder Pric	e P.C.		
	(Firm/Company)		
222 North Las	Salle Street		
	(Address)		
Chicago, Illino	ois 60601		
((City, State and Zip Code)		
For further information	on concerning this ma	tter please call:	
Joseph M. Ma	•	• •	600 7992
(Name of Conta		at (STZ	609-7883 and Daytime Telephone Number)
(Name of Coma	ci r cison)	(Area Code	and Daytime Telephone Number)
Enclosed is a check for	or the following amou	int:	
\$52.50 Filing Fee	\$61.25 Filing Fee and Certificate of Status	\$105,00 Filing and Certified Copy	
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