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☐ PICK-UP

☐ WAIT

MAIL

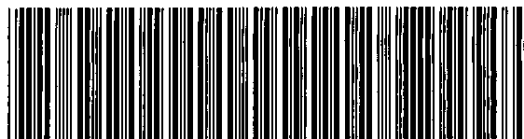
(Business Entity Name)

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GENERAL INVESTIGATIVE
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Trust
W.D

JUN 14 2016

R. WHITE

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

COLE CV HAINES CITY FL DST

D06000000010

RE-SUBMIT

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date of submission 6/9

☐ Nonprofit

☐ Foreign

☐ Amendment

☐ Merger

☐ Limited Partnership

☐ LLC

☒ **Dissolution/Withdrawal**

☐ Reinstatement

☐ Mark

☐ Annual Report

☐ Other

☐ Name Registration

☐ Fictitious Name

☐ UCC

☐ Certified Copy

☐ Call When Ready

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☐ Photocopies

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Amount: \$

CT Corporation System

515 E Park Avenue, Tallahassee, FL, 32301 850-222-1092

COLE CV HAINES CITY FL DST

D06000000010

☐ Nonprofit☐ Foreign☐ Amendment☐ Merger☐ Limited Partnership☐ LLC☒ **Dissolution/Withdrawal**☐ Reinstatement☐ Mark☐ Annual Report☐ Other☐ Name Registration☐ Certified Copy☐ Fictitious Name☐ UCC☐ Call When Ready☒ Walk In☐ Photocopies☐ CUS☐ Mail Out☐ After 4:30☐ Call If Problem☒ Pick Up☐ Will Wait

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Examiner _____

10044016

Updater _____

KM

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Ref#:

W.P. Verifier _____

Amount: \$



June 10, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COLE CV HAINES CITY FL DST
2555 E CAMELBACK ROAD
SUITE 400
PHOENIX, AZ 85016

SUBJECT: COLE CV HAINES CITY FL DST
REF: D06000000010

RE-SUBMIT

Please retain original filing
date of submission 6/9

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

When you file a withdrawal of foreign trust, you must mail it in or walk it in with a check. You can not use your account to pay for the withdrawal of a trust.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Carolyn Lewis
Regulatory Specialist II

FAX Aud. #: H16000141741
Letter Number: 116A00012244

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cole CV Haines City FL DST
(Name of Corporation)

DOCUMENT NUMBER: D06000000010

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this
matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

☒ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

STREET ADDRESS:
Amendment Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN ^{Business Trust} FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Cole CV Haines City FL DST

(Name of Corporation)

D06000000010

(Document Number of Corporation (if known))

Delaware

(Incorporated Under Laws of)

This ^{Business} Trust no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This ^{Business} Trust revokes the authority of its registered agent in Florida 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 or conduct affairs in Florida.

The following is a current mailing address for the ^{Business} Trust:

2325 E. Camelback Rd., Suite 1100

(Mailing Address)

Phoenix, AZ 85018

(City/ State /Zip)

FILED
16 JUN -9 AM 10:26
TALLAHASSEE, FLORIDA

The ^{Business Trust} ~~corporation~~ agrees to notify the Department of State in the future of any change in its mailing address.

COLE CV Haines City FL DST, a Delaware statutory trust
By: Equity Fund Advisors, Inc., an Arizona corporation
not in its individual capacity, but solely as the Manager of such trust

By: [Signature]

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

June 8, 2016

(Date)

Todd J. Weiss

(Typed or printed name of person signing)

Authorized Person

(Title of person signing)

FILING FEE \$35