

D07000000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

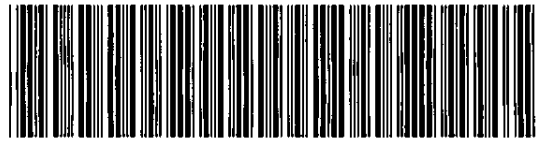
(Business Entity Name)

(Document Number)

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FILED  
2015 OCT 19 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2015 OCT 20 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Withdrawal of Trust

OCT 20 2015  
ALBRITTON

**CT Corporation System**

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

**COBALT INDUSTRIAL REIT II**

**D07000000002**

\_\_\_\_\_

\_\_\_\_\_

Profit

Nonprofit

Foreign

Limited Partnership

LLC

Certified Copy

Call When Ready

Walk In

Mail Out

Name \_\_\_\_\_

Availability \_\_\_\_\_

Document \_\_\_\_\_

Examiner \_\_\_\_\_

Updater \_\_\_\_\_

Verifier \_\_\_\_\_

W.P. Verifier \_\_\_\_\_

Amendment

**Dissolution/Withdrawal**

Reinstatement

Annual Report

Name Registration

Fictitious Name

Photocopies

Call If Problem

Will Wait

10/20/2015

**KM**

Merger

Mark

Other

UCC

CUS

After 4:30

Pick Up

Order#:

**9737977**

Ref#:

Amount: \$

**\*RE-SUBMIT\***

Please retain original filing  
date of submission 10/19

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Cobalt Industrial REIT II  
Cobalt Industrial REIT II  
(Name of Corporation) Trust

**DOCUMENT NUMBER:** D07000000002

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

Please return all correspondence concerning this matter to the following:

Peggy Siefken  
(Name of Person)

Cobalt Industrial REIT II  
(Firm/Company)

9830 COLONNADE BOULEVARD, SUITE 600  
(Address)

SAN ANTONIO, TX 78230-2239  
(City/State and Zip code)

For further information concerning this matter, please call:

Peggy Siefken at ( 210 ) 641-8464  
(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



October 20, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

COBALT INDUSTRIAL REIT II  
9830 COLONNADE BOULEVARD, SUITE 600  
, TX 78230-2239

SUBJECT: COBALT INDUSTRIAL REIT II  
REF: D07000000002

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.

Withdrawal of a Trust can not be filed electronically.

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

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H15000249565  
Letter Number: 115A00022128

**\*RE-SUBMIT\***  
Please retain original filing  
date of submission 10/19

Trust  
**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

Cobalt Industrial REIT II  
\_\_\_\_\_  
(Name of ~~Corporation~~ Trust)

D07000000002  
\_\_\_\_\_  
(Document Number of ~~Corporation~~ Trust)

Texas  
\_\_\_\_\_  
(Incorporated Under Laws of)

2015 OCT 19 PM 2:00  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This corporation is 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.


**Trust**  
This ~~corporation~~ 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.

**Trust**  
The following is a current mailing address for the ~~corporation~~:-

9830 COLONNADE BOULEVARD, SUITE 600  
\_\_\_\_\_  
(Mailing Address)

SAN ANTONIO, TX 78230-2239  
\_\_\_\_\_  
(City/ State /Zip)

**Trust**  
The ~~corporation~~ agrees to notify the Department of State in the future of any change in its mailing address.

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

James K. Hardin  
\_\_\_\_\_  
(Typed or printed name of person signing)

October 16, 2015  
\_\_\_\_\_  
(Date)

Assistant Secretary  
\_\_\_\_\_  
(Title of person signing)

**FILING FEE \$35**