

D12000000008

(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:

Office Use Only



900403988609

Withdrawal of  
declaration of Trust

03/10/23--01002--007 \*\*210.00

SECRETARY OF STATE  
TALLAHASSEE, FL 32399

2023 MAR -8 AM 8:58

FILED

A. RAMSEY

MAR 10 2023



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 9, 2023

CT CORP

TALLAHASSEE, FL 32312

SUBJECT: LAKE MARY FINANCIAL DST  
Ref. Number: D12000000008

**CORRECTED**  
**Please Allow For**  
**Same File Date**

We have received your document for LAKE MARY FINANCIAL DST and the authorization to debit your account in the amount of \$35.00. However, the document has not been filed and is being returned for the following:

A withdrawal of declaration of trust can not be filed using your Dept of State account. Please return this document with a check for \$35.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Annette Ramsey  
OPS

Letter Number: 423A00005511

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 03/08/2023

Acc#120160000072

*en: c SW*

Name:	Lake Mary Financial DST
Document #:	
Order #:	14822043 - 9

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

--

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 35.00

Thank you!

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

**Lake Mary Financial DST**

(Name of Trust)

**D12000000008**

(Document Number of Trust (if known))

**Delaware**

(Incorporated Under Laws of)

**FILED**  
**2023 MAR -8 AM 8:58**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

This Trust 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.

This 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 Trust:

**2901 Butterfield Road**

(Mailing Address)

**Oak Brook, Illinois 60523**

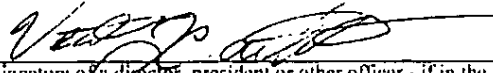
(City/ State /Zip)

Lake Mary Financial DST, a Delaware statutory trust

By: National Retail Portfolio V Exchange, L.L.C., a Delaware limited liability company, its signatory trustee

By: Inland Private Capital Corporation, a Delaware corporation, its sole member

The Trust 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)

**March 7, 2023**

(Date)

**Venton J. Carlston**

(Typed or printed name of person signing)

**Vice President of**

(Title of person signing)

**sole member of signatory trustee**

**FILING FEE \$35**