

D130000000030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

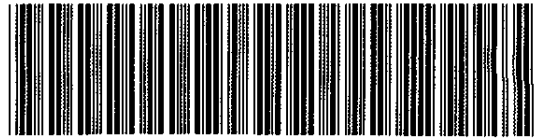
(Business Entity Name)

(Document Number)

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

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10/13/14--01001--017 \*\*35.00

14 OCT 10 AM '14

Withdrawal  
10/14



October 10, 2014

Department of State, Florida  
Clifton Building  
2611 Executive Center Circle  
Tallahassee FL 32301

Re: Order #: 9302933 SO  
Customer Reference 1: IPCC National Net Lease  
Customer Reference 2: Portfolio VI

Dear Department of State, Florida :

Please obtain the following:

CW Pharmacy III DST (DE)  
Withdrawal  
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan  
Senior Fulfillment Specialist  
Connie.Bryan@wolterskluwer.com

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** CW Pharmacy III DST  
(Name of Trust)

**DOCUMENT NUMBER:** D13000000030

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

Please return all correspondence concerning this matter to the following:

Kathi Newell, Paralegal

(Name of Person)

The Inland Real Estate Group, Inc.

(Firm/Company)

2901 Butterfield Road

(Address)

Oak Brook, Illinois 60523

(City/State and Zip code)

For further information concerning this matter, please call:

Kathi Newell

(Name of Person)

at ( 630 ) 218-8000

(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 STATUTORY TRUST FOR WITHDRAWAL OF  
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

**CW Pharmacy III DST**

(Name of Trust)

**D13000000030**

(Document Number of Trust (if known))

**Delaware**

(Incorporated Under Laws of)

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)

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

CW Pharmacy III DST, a Delaware statutory trust

By: CW Pharmacy III Exchange, L.L.C., a Delaware limited liability company, its signatory trustee

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

By:

  
Joseph E. Binder  
Senior Vice President

Date: October 7, 2014

**FILING FEE \$35**

FILED  
OCT 10 AM 8:17  
CLERK OF DISTRICT COURT  
JANICE M. HARRIS