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## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)222-1092

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## LLC DISSOLUTION OR WITHDRAWAL HIGHWOODS ORLANDO, LLC

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### **COVER LETTER**

	sistration islan of t	Section Carporations				
SUBJECT:	Highwoods Orlando, LLC					
		(Name of Foreign Limited Liability Company)				
Dear Sir or f	Madam:					
The enclosed	d withdra	wal and fee(s) are submitted	d for filing.			
Please return	ali corre	spondence concerning this	matter to the following:			
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		(City/State and Zip Cod	le)			
For further i	nformatio	on concerning this matter, p	lease call:			
			al (	)		
	(Na	mu of Person)	(Afea Code &	Daytime Telephone Number)		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Plorida 32314				
Enclosed is	a check	for the following amount:				
🗅 \$25 Filin	g Fce	☐ \$30 Filing Fee & Certificate of Status	☐ \$55 Filing Fee & Centified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy		

#### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Highwoods Orlando, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
06/02/2004
(Date registered with Florida Department of State)
M0000002413
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Jeffrey D. Miller
(Typed or printed name of signer)

Filing Fce: \$25.00

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SECINE MASSEE FLORIDA
TALLAHASSEE FLORIDA