## M02000001999

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
O Z Z D (Document Number)
Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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O SIMMONS

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 776638 7122203

AUTHORIZATION

COST LIMIT : (\$\25.00

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ORDER DATE: May 22, 2019

ORDER TIME : 12:17 PM

ORDER NO. : 776638-020

CUSTOMER NO: 7122203

## FOREIGN FILINGS

NAME: JONES LANG LASALLE OPERATIONS,

L.L.C.

\_\_\_\_ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY

XX PLAIN STAMPED COPY

\_\_\_\_\_ CERTIFICATE OF STATUS

CONTACT PERSON: Lydia Cohen - EXT# 62974

EXAMINER:



	gistration S vision of Co	ection orporations			
SUBJECT:	Jones Lang LaSalle Operations, L.L.C.				
		(Name of Fo	reign Limited Liability	Company)	
Dear Sir or l	Madam:				
The enclose	d withdraw	al and fee(s) are submitte	ed for filing.		
Please return	n all corres	pondence concerning this	matter to the following	<b>;</b> :	
Bridget Guy	y				
		(Name of Person)	•	-	
JLL					
		(Firm/Company)		-	
200 East Ra	ındolph, 48	th Floor			
		(Address)		-	
Chicago, IL	60601				
		(City/State and Zip Cod	le)	-	
For further i	nformation	concerning this matter. p	dease call:		
Bridget Guy	/		312 at (	897-4129	
	(Nam	e of Person)		: 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, Florida 32314			
Enclosed is	a check fo	r the following amount:			
□ \$25 Filing	g Fee	☐ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy	

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Jones Lang LaSalle Operations, L.L.C.	
(Name of Timited liability company)	
Illinois	
(Jurisdiction of its organization)	
11/13/2002	
(Date registered with Florida Department of State)	
M02000002999	
(Florida Document Number)	
Effective Date, if other than the date of filing:	quirements.
'Mh	11.5 M
(Signature of authorized representative)	
Mackenzie K. Phillips	
(Typed or printed name of signee)	

Filing Fee: \$25.00