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ORIX Real Estate Equities, Inc.

100 North Riverside Plaza, Suite 1400, Chicago, IL 60606
Tel: 312-669-6400 Fax: 312-669-6464
http://www.orixre.com

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

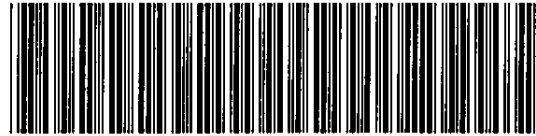
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ORIX

ORIX Real Estate Capital, Inc.

Barbara A. Stanko
Vice President - Administration
100 North Riverside Plaza, Suite 1400, Chicago, IL 60606
TEL: 312-669-6413 FAX: 312-669-6402

ORIX Real Estate Capital, Inc.
100 North Riverside Plaza, Suite 1400
Chicago, IL 60606

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Subject: ORIX Triad Lake Forest, LLC

Dear Sir or madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara A. Stanko
ORIX Real Estate Capital, Inc.
100 North Riverside Plaza, Suite 1400
Chicago, Illinois 60606

For further information concerning this matter, please call:

Barbara A. Stanko 312/669-6413

Enclosed is a check for the following amount:

\$25.00 filing fee

Yours truly,

Barbara A. Stanko
Assistant Secretary

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN
FLORIDA**

ORIX TRIAD LAKE FOREST, LLC

(Name of limited liability company)

ILLINOIS

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent 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 in Florida.

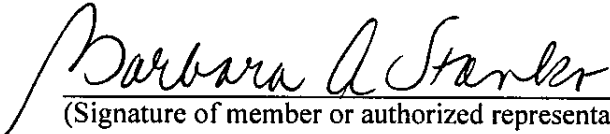
100 NORTH RIVERSIDE PLAZA, SUITE 1400

(Mailing address)

CHICAGO, IL 60606

(City/State/Zip)

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



(Signature of member or authorized representative of a member)

Barbara A. Stanko

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00