

M03000000146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

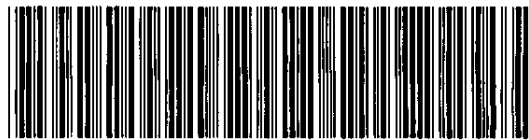
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100276710301

09/08/15--01004--027 **25.00

FILED
2015 SEP - 8 AM 8:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED
2015 SEP - 8 PM 1:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 09 2015
J. HARRIS

Wolters Kluwer

2075 Centre Pointe Boulevard, Tallahassee, FL, 32308

850-205-8842

WG GRAND PRAIRIE TX, LLC

M03000000146

Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Withdrawal	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name _____
Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

9/8/2015

ST

Order#:
9686276

Ref#: _____

Amount: \$ _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WG Grand Prairie TX, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Kella Schaible

(Name of Person)

WG Grand Prairie TX, LLC

(Firm/Company)

450 South Orange Avenue, Suite 900

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area 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, Florida 32314

Enclosed is a check for the following amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

WG Grand Prairie TX, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

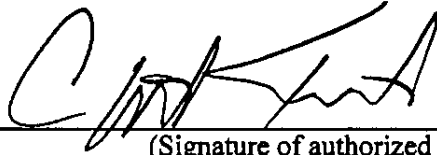
January 15, 2003

(Date registered with Florida Department of State)

M03000000146

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Christopher P. Tessitore, EVP of NNN TRS, Inc., as Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2015 SEP - 8 AM 8:51
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TALLAHASSEE FLORIDA