

M03000000864

Florida Department of State

Division of Corporations

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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850) 222-1092
 Fax Number : (850) 878-5368

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL
 PABLO PLAZA STATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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J. BRYAN

JAN 23 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pablo Plaza Station 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:

Barbara Hood
(Name of Person)

Phillips Edison & Company Ltd.
(Firm/Company)

11501 Northlake Drive
(Address)

Cincinnati, OH 45249
(City/State and Zip Code)

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For further information concerning this matter, please call:

Barbara Hood at (513) 554-1110
(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

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

Pablo Plaza Station LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M03000000864

(Florida Document Number)

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.

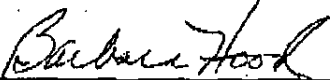
11501 Northlake Drive

(Mailing address)

Cincinnati, OH 45249

(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 Hood, Authorized Representative

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA

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