M04000002114

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

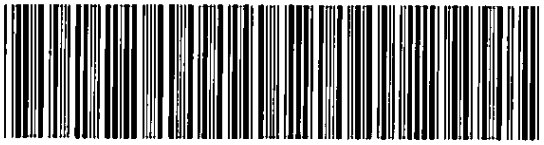
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900369957529

FILED
2021 JUL 26 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2021 JUL 26 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Withdrawal

JUL 27 2021
I ALBRITTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 927214 7143029

AUTHORIZATION :

COST LIMIT : $ 25.00

ORDER DATE : July 23, 2021

ORDER TIME : 8:49 AM

ORDER NO. : 927214-005

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: PROLOGIS NA2 RPP FLORIDA LLC

_____ 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: Alexxis Weiland - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROLOGIS NA2 RPP FLORIDA 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:

MARILYN CARTWRIGHT
(Name of Person)

PROLOGIS, INC.
(Firm/Company)

1800 WAZEE ST., SUITE 500
(Address)

DENVER, CO 80202
(City/State and Zip Code)

For further information concerning this matter, please call:

MARILYN CARTWRIGHT at (303) 567-5484
(Name of Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
2021 JUL 26 AM 11:02

PROLOGIS NA2 RPP FLORIDA LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

06/01/2004

(Date registered with Florida Department of State)

M04000002114

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Marilyn Cartwright

(Signature of authorized representative)

Marilyn Cartwright, Authorized Officer

(Typed or printed name of signee)

Filing Fee: $25.00