## M04000002116

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	

Office Use Only



200417270722

2023 NOV -9 AM 10: 54

RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 122412 7143029

AUTHORIZATION : 1 X 80.

COST LIMIT : \$ 25/.00

ORDER DATE: November 8, 2023

ORDER TIME : 7:40 AM

ORDER NO. : 122412-035

CUSTOMER NO: 7143029

-----

## FOREIGN FILINGS

NAME: PROLOGIS NA2 FLORIDA VI LLC

\_\_\_\_ CORPORATE

\_ LIMITED PARTNERSHIP

XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF STATUS

CONTACT PERSON: Alexxis Weiland-sorenson - EXT#

## **COVER LETTER**

TO:	Registratio Division of	n Section Corporations		
SUBJE	ect.	ProLogis NA2 Florida VI	LLC	
30001		(Name of Fo	reign Limited Liability	Company)
Dear Si	ir or Madam:			
The en	closed withdr	rawal and fee(s) are submitte	ed for filing.	
Please	return all cor	respondence concerning this	matter to the followir	ığ:
Holly I	Doering			
		(Name of Person)		
ProLo	ogis NA2 Flo	orida VI LLC		
		(Firm/Company)		_
1800 \	Wazee Stre	et, Suite 500		
		(Address)	, , -, <del>-, , -, , -, , -, , -, , -, , -</del>	_
Denve	er, CO 8020	2		
		(City/State and Zip Cod	le)	_
For furt	ther informat	ion concerning this matter, p	olease call:	
Holly [	Doering		303 at (	567-5282
	(N	ame of Person)		& Daytime Telephone Number)
	Division P.O. Box	ion Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclose	ed is a check	for the following amount:		
<b>■</b> \$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

ProLogis	NA2 Florida VI LLC				
	1	(Name of limited liability	company)		_
Delaware					
	<del></del>	(Jurisdiction of its organ	nization)		_
06/01/20	04				
	(Date re	egistered with Florida Dep	partment of State)	<u></u> .	_
M0400	0002116				
		(Florida Document Nu	ımber)		_
This limited	d liability company is	s withdrawing its certific	cate of authority in tl	his state.	
(If an effect more than 9 <b>Note:</b> If the	00 days after filing.) attention date inserted in this	date of filing:  date must be specific ar  block does not meet the document's effective da	applicable statutory	y filing requirements	;.
	Holly Doering	Signature of authorized r		2029 NOV -9 SECKETARY TALLAHASSE	
		(Typed or printed name	e of signee)	AM 10: 54 Y OF STATE EE. FLORIDA	

Filing Fee: \$25.00