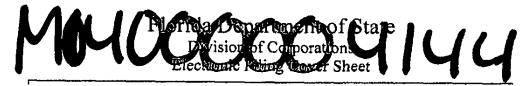
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone Fax Number

(850)205-8842 : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL EC-GRAND MARQUIS, L.L.C.

| | <u> </u> |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| | | | • |
|-----------------------|----------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------------|
| TO: Registration of | n Section Corporations | , | |
| SUBJECT: EC-GI | RAND MARQUIS, L.L.C. | | |
| - | (Name of Fo | reign Limited Liability (| Company) |
| Dear Sir or Madam: | | | |
| The enclosed withdr | awal and fec(s) are submitte | d for filing. | |
| | respondence concerning this | | : |
| | Christopher Maher | | |
| | (Name of Person) | | · |
| EC-GRAND MARG | QUIS, L.L.C. | | |
| | (Firm/Company) | | |
| 2 North | Riverside Plaza, Suite 400 | | |
| | (Address) | | |
| | Chicago, IL 60606 | • | |
| | (City/State and Zip Cod | le) | • |
| For further informati | on concerning this matter, p | lease call: | |
| Chris | stopher Maher | 312 at { | 474-1300 |
| (N | ame of Person) | (Area Code & | Daytime Yelephone Number) |
| Registration | Corporations | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | |
| 2661 Execu | tive Center Circle , Florida 32301 | | nssee, Florida 32314 |
| Enclosed is a check | for the following amount: | | |
| ■ \$25 Filing Fee | S30 Filing Fee & Certificate of Status | ☐ \$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |

8/29/2016 4:31:22 PM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

| EC-GRAND MARQUIS, L.L.C. | |
|------------------------------------------------------------------------------------------|------------|
| (Name of limited liability company) | |
| Delaware | |
| (Jurisdiction of its organization) | |
| 10/01/2004 | |
| (Date registered with Florida Department of State) | |
| M04000004144 | |
| (Plorida Document Number) | |
| This limited liability company is withdrawing its certificate of authority in this state | 2 . |
| Ch-lo- | |
| (Signature of authorized representative) | |
| Christopher Maher | |
| (Typed or printed name of signee) | |
| | 4 |

Filing Fee: \$25.00

ARL OF STATE

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A. S. S. S.