

M050000000230

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

**LLC DISSOLUTION OR WITHDRAWAL  
IMT MARBELLA LAKE APARTMENTS LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: IMT Marbella Lake Apartments 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:

Kimberly Cady, Paralegal

(Name of Person)

Lewis Roca Rothgerber Christie LLP

(Firm/Company)

One South Church Avenue, Suite 700

(Address)

Tucson, Arizona 85701

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Cady

(Name of Person)

at 520 629-4410

(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**

IMT Marbella Lake Apartments LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

01/14/2005

(Date registered with Florida Department of State)

M05000000230

(Florida Document Number)

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

  
(Signature of authorized representative)

Bryan Scher, Manager

(Typed or printed name of signee)

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**Filing Fee: \$25.00**