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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

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LLC DISSOLUTION OR WITHDRAWAL API DADELAND LLC

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COVER LETTER

TO: Registration Division o	on Section f Corporations			
SUBJECT: API I	DADELAND LLC	oreign Limited Liability		
				
Dear Sir or Madem				
The enclosed withd	rawal and fee(s) are submitte	ed for filing.		
Please return all cor	respondence concerning this	s matter to the followin	g:	
	Christopher Maher			
	(Name of Person)		-	
				TS: 5
API DADELAND				FG
	(Firm/Company)			三三 5
2 North	n Riverside Plaza, Suite 400			29
	(Address)			
	Chicago, IL 60606			8: 59 TATE ORIDA
	(City/State and Zip Cod	ic)	-	D
For further informat	ion concerning this matter, p	ilease call:		
Chrì	stopher Maher	312	474-1300	
(N	ame of Person)	st (& Daytime Telephone Number)	
Registration Division of Clifton Bui 2661 Execu	Corporations	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassec, Florida 32314	
Enclosed is a check	for the following amount:			
2 \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Capy	

8/29/2016 4:30:15 PM From: To: 8506176383(3/3)

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

API DADELAND LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
01/18/2005
(Date registered with Florida Department of State)
M05000000263
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
bel
(Signature of authorized representative)
Christopher Maher
(Typed or printed name of signee)

Filing Fee: \$25.00

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