

M050W001074

(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



800205228378

RECEIVED  
11 MAY -5 PM 1:53  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR  
MAY - 5 2011  
EXAMINER

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 MAY -5 PM 3:45



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 768088 7468676

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED  
SECRETARY OF STATE  
11 MAY -5  
3:45

ORDER DATE : May 5, 2011

ORDER TIME : 12:35 PM

ORDER NO. : 768088-020

CUSTOMER NO: 7468676

FOREIGN FILINGS

NAME: FIRSTCAL INDUSTRIAL PROPERTY  
MANAGER, LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Jeanine Reynolds - EXT# 2933

EXAMINER: \_\_\_\_\_

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR  
WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

FILED  
SECRETARY OF STATE  
DEPARTMENT OF CORPORATIONS  
11 MAY -5 PM 3:45

FirstCal Industrial Property Manager, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M05000001074

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

311 South Wacker Drive, Suite 4000

(Mailing address)

Chicago, IL 60602

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.

Rondi C. Simmons

(Signature of member or authorized representative of a member)

Rondi C. Simmons

(Typed or printed name of signee)

**Filing Fee: \$25.00**