

M05000001494

Florida Department of State
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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) 222-1092
Fax Number : (850) 878-5368

LLC DISSOLUTION OR WITHDRAWAL
FIRSTCAL INDUSTRIAL LEASING MANAGER, LLC

Certificate of Status	0
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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 MAR 23 AM 7:59

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIRSTCAL INDUSTRIAL LEASING MANAGER, 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:

Rondi C. Simmons, Authorized Representative

(Name of Person)

BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG, LLP

(Firm/Company)

200 WEST MADISON, SUITE 3900

(Address)

CHICAGO, ILLINOIS 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
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|---|---|--|--|

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

FIRSTCAL INDUSTRIAL LEASING MANAGER, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

M05000001494

(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 3900

(Mailing address)

CHICAGO, ILLINOIS 60606

(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, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 MAR 23 AM 8:00