

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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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  
EC-SOUTH PALM PLACE, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 AUG 29 PM 4:36

Electronic Filing Menu

Corporate Filing Menu

**S Warren**  
**AUG 30 2016**

2016 AUG 29 A 4:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILED**

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: EC-SOUTH PALM PLACE, L.L.C.  
(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:

Christopher Maher

(Name of Person)

EC-SOUTH PALM PLACE, L.L.C.

(Firm/Company)

2 North Riverside Plaza, Suite 400

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Maher

(Name of Person)

312

at ( )

474-1300

(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

EC-SOUTH PALM PLACE, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

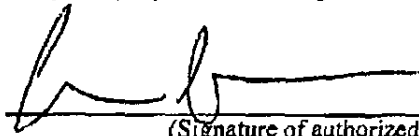
04/27/2005

(Date registered with Florida Department of State)

M05000002207

(Florida Document Number)

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



(Signature of authorized representative)

Christopher Maher

(Typed or printed name of signee)

Filing Fee: \$25.00

2016 05 29 A 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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