

NO 50000004-507

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 : (614)280-3338
 Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
PPF INDUSTRIAL 6400-6500 PARK OF COMMERCE BOULEVARD**

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

16 DEC 29 AM 9:59
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PPF Industrial 6400-6500 Park of Commerce Boulevard, 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:

Gail Freeman

(Name of Person)

PPF Industrial 6400-6500 Park of Commerce Boulevard, LLC

(Firm/Company)

3425 Peachtree Road, NE, Suite 900

(Address)

Atlanta, GA 30326

(City/State and Zip Code)

For further information concerning this matter, please call:

Gail Freeman

(Name of Person)

404

846-1363

at ()

(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

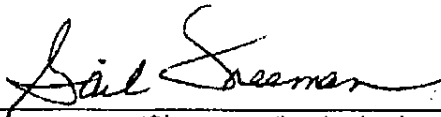
PPF Industrial 6400-6500 Park of Commerce Boulevard, LLC
(Name of limited liability company)

Delaware
(Jurisdiction of its organization)

08/10/2005
(Date registered with Florida Department of State)

M05000004507
(Florida Document Number)

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


(Signature of authorized representative)

Gail Freeman
(Typed or printed name of signee)

16 DEC 29 AM 9:59
FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00