

M050VV0004962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

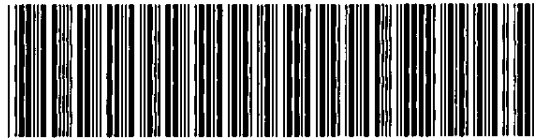
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JUN 1 2011

EXAMINER



600207917986

RECEIVED
11 JUN - 1 AM 10:45
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUN - 1 PM 12:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 796565 7652832

AUTHORIZATION :

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN - 1 PM 12:58
Lynelle

ORDER DATE : May 31, 2011

ORDER TIME : 9:07 AM

ORDER NO. : 796565-015

CUSTOMER NO: 7652832

FOREIGN FILINGS

NAME: GRE FIRST FORT LAUDERDALE
GP LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX 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

GRE First Fort Lauderdale GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M05000004962

(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.

Richard E. Michaels, c/o Baker & Daniels LLP, 311 S. Wacker Dr., Suite 4400

(Mailing address)

Chicago, IL 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.

**Guggenheim Plus Leveraged LLC, its Member, by William M. Stevens, its Authorized Representative

By:

(Signature of member or authorized representative of a member)

**William M. Stevens, Authorized Representative of Member

(Typed or printed name of signee)

FILED
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Filing Fee: \$25.00