

4/27/2017

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Division of Corporations

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 : (512)418-6949
Fax Number : (954)208-0845

**LLC DISSOLUTION OR WITHDRAWAL
INLAND AMERICAN RETAIL MANAGEMENT LLC**

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

RECEIVED

2017 APR 27 PM 4:54

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TALLAHASSEE, FLORIDA

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APR 28 2017

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 APR 27 AM 11:39

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inland American Retail Management 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:

Kathi Newell, Paralegal

(Name of Person)

(Firm/Company)

2901 Butterfield Road

(Address)

Oak Brook, Illinois 60523

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathi Newell

(Name of Person)

at (630)

218-8000

(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

STATE OF FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Inland American Retail Management LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

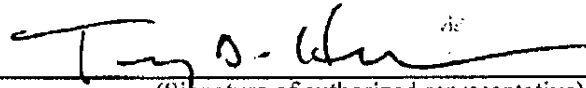
11/23/2005

(Date registered with Florida Department of State)

M05000006478

(Florida Document Number)

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



(Signature of authorized representative)

Timothy D. Hutchison, Manager

(Typed or printed name of signee)

Filing Fee: \$25.00

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17 APR 27 AM 11:39
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TALLAHASSEE, FLORIDA