

M05000006536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

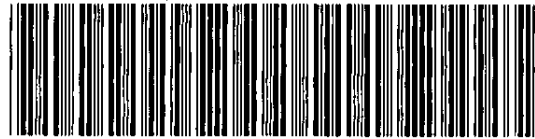
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600297333466

17 MAR 30 AM 8:56

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

2017 MAR 30 AM 10:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2017

Y SULKER

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 576202 5138497

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : March 29, 2017

ORDER TIME : 10:05 AM

ORDER NO. : 576202-010

CUSTOMER NO: 5138497

FOREIGN FILINGS

NAME: NORTH MIAMI BUSINESS PARK LLC

\_\_\_\_ CORPORATE  
\_\_\_\_ LIMITED PARTNERSHIP  
XXX 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: Melissa Zender - EXT#

EXAMINER: \_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** North Miami Business Park 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:

Jen Syrmis  
\_\_\_\_\_  
(Name of Person)

TA Realty LLC  
\_\_\_\_\_  
(Firm/Company)

28 State Street, 10th Floor  
\_\_\_\_\_  
(Address)

Boston, MA 02109  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jen Syrmis at ( 617 ) 476-2797  
\_\_\_\_\_  
(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 type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|--|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

North Miami Business Park

(Name of limited liability company)

DE

(Jurisdiction of its organization)

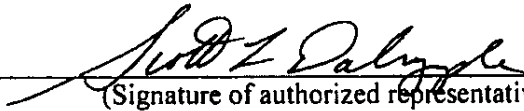
11/29/2005

(Date registered with Florida Department of State)

M05000006536

(Florida Document Number)

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

  
(Signature of authorized representative)

Scott L. Dalrymple

(Typed or printed name of signee)

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

17 MAR 30 AM 2:55

2005-03-17

Filing Fee: \$25.00