

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850

: (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 EQR-722 W. KENNEDY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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AUG 3 0 2016

S. YOUNG

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10 AUG 29 AM 9: OC

COVER LETTER

			•
TO: Registration S Division of Co			,
SUBJECT: EQR-722			
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdraw	al and fee(s) are submitte	d for filing.	
Please return all corres	pandence concerning this	matter to the following	:
c	hristopher Maher		
	(Name of Person)		•
EQR-722 W, KENNE	DY, LLC		
·	(Гіпп/Сопралу)		•
2 North R	iverside Plaza, Suite 400		
	(Address)		
	Chicago, IL 60606		
	(City/State and Zip Cod	le)	•
For further information	concerning this matter, p	lense call:	
Christo	pher Maher	312	474-1300
(Nam	e of Person)		Daytime Telephone Number)
	URIER ADDRESS:	MAILING ADDRESS:	
Registration S Division of Co		Registration Section Division of Corporations	
Clifton Buildin		P.O. Box 6327	
	e Center Circle	Tallah	assee, Florida 32314
Enclosed is a check fo	r the following amount:		
☑ \$25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	\$55 Filing Pee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

16 AUG 29 AM 9: 00

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EQR-722 W. KENNEDY, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
02/13/2006
(Date registered with Florida Department of State)
M06000000819
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative)
Christopher Maker

(Typed or printed name of signee)

Filing Fee: \$25.00

16 AUG 29 AM 9: 0

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