1106000001985

(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:	

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2010 NAR 29 / H IQ: 43

K. SALY MAR 3 0 2018 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Tallahassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 137497 4353914					
AUTHORIZATION: Spelle man					
COST LIMIT : \$ 25.00					
ORDER DATE: March 28, 2018					
ORDER TIME : 9:24 AM					
ORDER NO. : 137497-015					
CUSTOMER NO: 4353914					
FOREIGN FILINGS					
NAME: VDL TALLAHASSEE ASSOCIATES LLC					
CORPORATE LIMITED PARTNERSHIP LIMITED LIABILITY COMPANY					
XXXX WITHDRAWAL/CANCELLATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF STATUS					

EXAMINER: ____

CONTACT PERSON: Roxanne Turner - EXT#

COVER LETTER

TO: Registration Division o	on Section f Corporations		
	Tallahassee Associates LLC		
SUBJECT:	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam	:		
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all co	rrespondence concerning this	matter to the following.	:
Keith Greenberg			
	(Name of Person)		
DLA Piper LLP (U	JS)		
	(Firm/Company)		
500 8th Street, NW	,		
	(Address)		
Washington DC 20	0004		
	(City/State and Zip Coc	le)	
For further informa	ition concerning this matter, p	olease call:	
Lucy Bowman		202 at (799-4117
()	Name of Person)		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		ration Section on of Corporations 30x 6327	
Enclosed is a chec	k for the following amount:		
S25 Filing Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

VDL Tallahasse	ee Associates LLC	
	(Name of limited liability company)	7.52 6
Delaware		調養工
	(Jurisdiction of its organization)	29
4/6/2006		22 B
	(Date registered with Florida Department of State)	FICE T
M06000001985		誓 5
	(Florida Document Number)	
(If an effective more than 90 Note: If the contract of the con	te, if other than the date of filing:	ing requirements.
	(Signature of authorized representative)	
	Lucy Bowman, Authorized Signatory	
	(Typed or printed name of signee)	

Filing Fee: \$25.00