

MO6000001986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

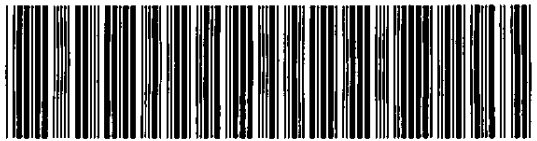
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 MAR 29 AM 7:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
2018 MAR 29 PM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

APR 2 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 137497 4353914

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : March 28, 2018

ORDER TIME : 9:24 AM

ORDER NO. : 137497-020

CUSTOMER NO: 4353914

FOREIGN FILINGS

NAME: OCALA ROAD TALLAHASSEE
ASSOCIATES B LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____



RESUBMIT

Please give original
submission date as file date.

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2018

CSC
ROXANNE TURNER

SUBJECT: OCALA ROAD TALLAHASSEE ASSOCIATES B LLC
Ref. Number: M06000001986

We have received your document for OCALA ROAD TALLAHASSEE ASSOCIATES B LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 118A00006419

RECEIVED
DEPARTMENT OF STATE
18 MAR 30 PM 4:32

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ocala Road Tallahassee Associates B 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:

Keith Greenberg

(Name of Person)

DLA Piper LLP (US)

(Firm/Company)

500 8th Street, NW

(Address)

Washington DC 20004

(City/State and Zip Code)

For further information concerning this matter, please call:

Lucy Bowman

(Name of Person)

202

799-4117

at (

_____) _____
(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 &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ocala Road Tallahassee Associates B LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

4/6/2006

(Date registered with Florida Department of State)

M06000001986

(Florida Document Number)

FILED
MAR 29 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

/s/ Lucy Bowman

(Signature of authorized representative)

Lucy Bowman, Authorized Signatory

(Typed or printed name of signee)

Filing Fee: \$25.00