

MD6000006244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

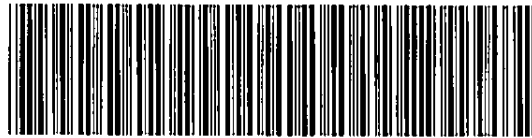
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418426331

FILED

2023 DEC -4 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2023 DEC -4 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61592

To: Department Of State, Division Of Corporations
From: Alexxis Weiland-Sorenson
Ext: 61592
Date: 12/04/23
Order #: 1326510-1
Re: DCT Orlando ADC GP LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

AUTH:

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:
I20000000195

A handwritten signature in black ink, appearing to read "Alexxis Weiland-Sorenson", is written over the text of the enclosed application.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DCT ORLANDO ADC GP 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:

Holly Doering

(Name of Person)

DCT ORLANDO ADC GP LLC

(Firm/Company)

1800 Wazee Street, Suite 500

(Address)

Denver, CO 80202

(City/State and Zip Code)

For further information concerning this matter, please call:

Holly Doering

(Name of Person)

303 567-5282
at (_____) _____
(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" 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

DCT Orlando ADC GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

11/13/2006

(Date registered with Florida Department of State)

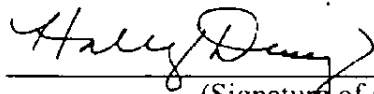
M06000006244

(Florida Document Number)

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.



(Signature of authorized representative)

Holly Doering

(Typed or printed name of signee)

FILED
2028 DEC -4 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00