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SECRETARY OF STATIONS
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COVER LETTER

TO: Registration Section Prove Division of Corporations		
sessandings are for us	والرارات والمراجع وال	
SUBJECT: EQR-Crowntree, L.L.C.	TOTALL OF SHEET COMES	
	eign Limited Liability Company)	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitte	d for filing.	
Please return all correspondence concerning this	matter to the following:	
Catharine Connell		
(Name of Person)		
EQR		
(Firm/Company)		
Two North Riverside Plaza		
(Address)		
Chicago, IL 60606		
(City/State and Zip Code		
For further information concerning this matter, pl	lease call:	
Barbara Shuman	at (_312474-1300	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee \$25 Certificate of Status	\$55 Filing Fee & \$60 Filing Fee, Certified Copy Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

EQR-Crowntree, L.L.C.	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
This limited liability company is no longer transacting business in Florida and surrer authority to transact business in this state.	nders its
This limited liability company revokes the authority of its registered agent to accept se its behalf and appoints the Department of State as its agent for service of process bas cause of action arising during the time it was authorized to transact business in Florida.	rvice on sed on a
Two North Riverside Plaza	
(Mailing address)	
Chicago, IL 60606	
(City/State/Zip)	
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	e of any
Barbara Shunon	
(Signature of member or authorized representative of a member)	
Barbara Shuman	0 0
(Typed or printed name of signee)	NISION OF CORPC

Filing Fee: \$25.00