

MO6 000006713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

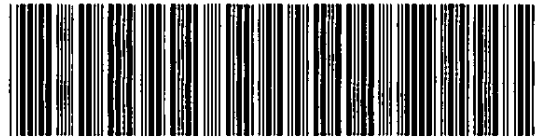
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

T. CLINE

MAY - 1 2009

EXAMINER

MO6-6713



# Place Properties

Two Live Oak Center  
3445 Peachtree Rd NE, Suite 1400  
Atlanta, GA 30326  
404.495.7500

April 28, 2009

Florida Secretary of State  
Division of Corporations – Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee Florida 32301

Re: **Place Collegiate Development, LLC**  
Document #M06000006713  
Application for Withdrawal

Dear Madam or Sir:

Enclosed please find the following original documents to withdraw the above-referenced foreign limited liability company from Florida:

- Cover Letter
- Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida
- Check #001058 in the amount of \$25.00 in payment of the filing fee.

Please send a letter of acknowledgment to me in the enclosed pre-addressed, postage-paid envelope.

If you have any questions regarding this filing, please do not hesitate to contact me at 404-495-7539, or via email at [kmcguffey@placeproperties.com](mailto:kmcguffey@placeproperties.com).

Best Regards,

Kathryn McGuffey  
Paralegal

Enclosures

cc: Jennifer C. Hill, Esq. (via email, w/o enclosures)  
Sharon Knox Gray (via email, w/ enclosures)

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PLACE COLLEGIATE DEVELOPMENT, 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:

KATHRYN MCGUFFEY  
(Name of Person)

PLACE PROPERTIES  
(Firm/Company)  
3445 PEACHTREE ROAD NE, SUITE 1400  
TWO LIVE OAK CENTER  
(Address)  
ATLANTA GA 30326  
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

KATHRYN MCGUFFEY at ( 404 ) 495-7539  
(Name of Person) (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:

- ☒ \$25 Filing Fee    ☐ \$30 Filing Fee & Certificate of Status    ☐ \$55 Filing Fee & Certified Copy    ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

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

PLACE COLLEGIATE DEVELOPMENT, LLC

(Name of limited liability company)

TENNESSEE

(Jurisdiction of its organization)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

3445 PEACHTREE ROAD NE, SUITE 1400

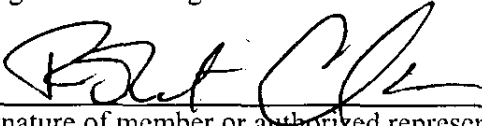
TWO LANE OAK CENTER

(Mailing address)

ATLANTA GA 30326

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

ROBERT E. CLARK

(Typed or printed name of signee)

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2009 APR 30 PM 1:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00