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Name:	FR/Cal Interchange, LLC			
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Thank you!

COVER LETTER

		Section Corporations		
SUBJECT:	FR/Cal	Interchange, LLC		
SUBJECT		(Name of For	eign Limited Liability	Company)
Dear Sir or V	ladam:			
The enclosed	withdra	wal and fee(s) are submitte	d for filing.	
Please return	all corre	espondence concerning this	matter to the followin	ਨ:
Nathan Zinn				
		(Name of Person)		_
CBRE Invest	tment M	lanagement LLC		
	-	(Firm/Company)	3 1.2.	_
601 South Fi	gueroa !	Street		
		(Address)		_
Los Angeles.	Ca 900	17		
		(City/State and Zip Cod	e)	_
For further in	formatio	on concerning this matter, p	dease call:	
Lanny Oei			213 at (683-4350
	(Na	ime of Person)	(Area Code a	& Daytime Telephone Number)
Reg Div P.O	ision c . Box (on Section of Corporations		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:		
■\$25 Filing	Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	 \$60 Filing Fee. Certificate of Status & Certified Copy

NOTIC	E OF WITHDRAWAL OF CERTIFICATE OF AUTH	2022 OCT 1/1 AM 9: 05 SECRETARY OF STALL SHAPE STALL S
FR/Cal Interchan	ge, LLC	55
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
December 11, 200	06	
 	(Date registered with Florida Department of State)	
97210000003 2	MOW 0000 6893	
	(Florida Document Number)	
This limited lia	ability company is withdrawing its certificate of authority in this star	ie.
Effective Date,	if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of	(optional)
more than 90 d	ays after filing.)	7 THING VI
Note: If the da	te inserted in this block does not meet the applicable statutory filing of be listed as the document's effective date on the Department of S	
	Notice -	
	(Signature of authorized representative)	
	Markey Zing	
	Nathan Zinn	
	(Typed or printed name of signee)	

Filing Fee: \$25.00