

#107000001/33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NOTARY PUBLIC  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
DEC 26 2013



# Place Properties

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

December 18, 2013

**VIA UPS**



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

Re: **Place Management Group, LLC**  
Document #M07000001133  
Application for Withdrawal

Dear Madam or Sir:

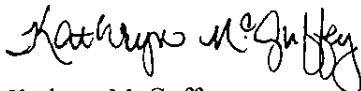
Enclosed please find the following original documents to withdraw the above-referenced foreign limited liability company from Florida:

- Cover Letter;
- Application by Foreign Limited Liability Company for Withdrawal of Authority to Transact Business in Florida; and
- Check in the amount of \$60.00 in payment of the Filing Fee, Certificate of Status, and Certified Copy.

 Please send the Certificate of Status and the Certified Copy 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 404-495-7527, or via email at [kmcguffey@placeproperties.com](mailto:kmcguffey@placeproperties.com).

Best Regards,



Kathryn McGuffey  
Paralegal

Enclosures

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Place Management Group, 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:

Cecil M Phillips

(Name of Person)

Place Properties, L.P.

(Firm/Company)

3445 Peachtree Road NE, Suite 1400

(Address)

Atlanta GA 30326

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathryn McGuffey

(Name of Person)

at ( 404 ) 495-7527

(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 Management Group, LLC**

(Name of limited liability company)

**Georgia**

(Jurisdiction of its organization)

**M07000001133**

(Florida Document Number)

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**

(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)

**Cecil M. Phillips**

(Typed or printed name of signee)

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TALLAHASSEE, FLORIDA