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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

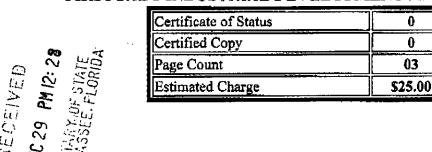
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number : (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL FIRSTCAL 3 INDUSTRIAL DEVELOPMENT MANAGER, LLC



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EXAMINER

12/29/2011

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: FIRSTCAL 3 INDUSTRIAL DEVELOPMENT MANAGER, 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: RONDI C. SIMMONS (Name of Person) BARACK FERRAZZANO KIRSCHBAUM & NAGELBERG LLP (Firm/Company) 200 WEST MADISON STREET, SUITE 3900 (Address) CHICAGO, IL 60606 (City/State and Zip Code) Por further information concerning this matter, please call: RONDI SIMMONS , 629-7333 (Name of Person) (Area Code & Daytime Telephone Number) STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tulishasses, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

🗅 \$55 Filing Fee &

Certified Copy

■ \$60 Filing Fee,

Certified Copy

Certificate of Status &

S25 Filing Fee

S30 Filling Fee &

Certificate of Status

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

FIRSTCAL 3 INDUSTRIAL DEVELOPMENT MANAGER, LLC
(Name of limited liability company)
DELAWARB
(Jurisdiction of its organization)
M07000002412
(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.
311 SOUTH WACKER DRIVE, SUITE 3900
(Mailing address)
CHICAGO, ILLINOIS 60606
(City/State/Zip)
The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.
Bondi C. Linemons
(Signature of member or authorized representative of a member)
RONDI C. SIMMONS, AUTHORIZED REPRESENTATIVE
(Typed or printed name of signee)

Filing Fee: \$25.00

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