11107000003491

(Re	equestor's Name))
(Ad	dress)	
(Ad	ldress)	<u> </u>
(Cit	ty/State/Zip/Phor	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number	·)
Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
	,	AUG 1 3 2014
		A. LUST

Office Use Only



200262004752

2014 RUB 12 AH IO 35 NUG 12 18 8: 22



ON SERVIC	E COMPANY										
		AC	CCOUNT	NO.	:	1200	000001	.95			
			REFERI	ENCE	:	2535	77	747755	5		
		AUTH	HORIZA:	rion	:	D	IX DE	man	,		
		C	COST L	IMIT	:	\$ 25	.00	HOL			
ORDER :	DATE :	August	: 12, 2	2014							
ORDER '	TIME :	1:47	PM						4 7 pm	2014	
ORDER 1	NO. :	253577	-055							773	
CUSTOM	ER NO:	747	7555						182° 193 287 1915	2	
			FORE]	[GN F	ILI	NGS	 -	. 		羅- - 歌 - 35	
	NAME:		'I WEST		ľ D	ISTRIE	BUTION	ſ			
	CORPORAT LIMITED LIMITED	PARTNE		MPAN	Ý						
XXXX W	ITHDRAW	AL/CANC	ELLATI	ON							
PLEASE	RETURN	THE FO	LLOWIN	IG AS	PR	OOF OF	FILI	NG:			
XX	PLAIN	FIED CO STAMPE FICATE	D COPY								
CONTACT	r person	N: Cou	rtney	Will	iam	s - EX	T# 62	935			
]	EXAMIN	IER: _				

COVER LETTER

TO: Registratio Division o	n Section f Corporations			
SUBJECT: GAV	WESTPOINT DISTRIBUT	ION CENTER, LLC		
	(Name of For	eign Limited Liability (Сотралу)	
Dear Sir or Madam	:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.		
Please return all con	respondence concerning this	matter to the following:	:	
				*
	(Name of Person)			
GAVI WESTPOIN	IT DISTRIBUTION CENTE	R, LLC		\$7. · · ·
	(Firm/Company)		•	91 - 18 - 1 18 - 2
				13 (15) 12 (15) 180 — 1
	(Address)		•	4_ 1344 2 / F
	(City/State and Zip Cod	le)		
For further informa	tion concerning this matter, p	lease call:		
		at ()	
C	Name of Person)	(Area Code &)	
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		tration Section on of Corporations Box 6327		
Enclosed is a chec	k 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	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GAVI WESTPO	OINT DISTRIBUTION CENTER, LLC			
	(Name of limited liability company)			
Delaware		- 1		
	(Jurisdiction of its organization)	, , , , , , , , , , , , , , , , , , ,	130	
June 11, 2007		ارا جاء عام ارائ	700	
	(Date registered with Florida Department of State)			
		55	$\overline{\Sigma}$	
M07000003491		12.1 mg/		
(Florida Document Number)				
This limited I	iability company is withdrawing its certificate of authority in this state.	を記し	₩ 35	
	(Signature of authorized representative)			
	Please sec attached signature page			
	(Typed or printed name of signee)			

Filing Fee: \$25.00

Executed on this 12 day of August, 2014

GAVI WESTPOINTE DISTRIBUTION CENTER, LLC, a Delaware limited liability company

By: PRINCIPAL REAL ESTATE INVESTORS, LLC, a Delaware limited liability company, its authorized agent

Robert G. Roepsch Equity Real Estate Administrator

Mark A. Hanrahan Director Commercial Real Estate