

MO7000004240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUL -1 AM 10:54

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TALLAHASSEE, FLORIDA

16 JUL -1 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 5 2016

S Warren

JUL 05 2016

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 200244 7122203

AUTHORIZATION :

COST LIMIT :

\$ 25.00

ORDER DATE : June 30, 2016

ORDER TIME : 9:48 AM

ORDER NO. : 200244-010

CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: BAY MEDICAL MOB LASALLE
MEDICAL OFFICE II, L.L.C.

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bay Medical MOB LaSalle Medical Office II, L.L.C.

(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:

Bridget Guy

(Name of Person)

LaSalle Investment Management

(Firm/Company)

333 West Wacker Drive, 23rd Floor

(Address)

Chicago, IL 60606

(City/State and Zip Code)

For further information concerning this matter, please call:

Bridget Guy

(Name of Person)

at 312 897-4129

(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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Bay Medical MOB LaSalle Medical Office II, L.L.C.

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

July 17, 2007

(Date registered with Florida Department of State)

M07000004240

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

Bridget Guy

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2018 JUL -1 A 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA