

m 070000004420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

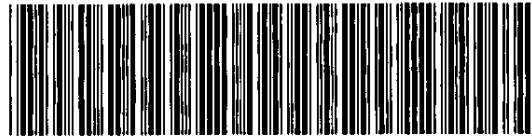
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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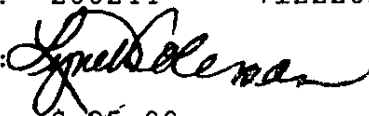
2016 JUL -1 A 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 JUL -1 AM 10:33

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 : 9:49 AM  
ORDER NO. : 200244-005  
CUSTOMER NO: 7122203

FOREIGN FILINGS

NAME: BAY MEDICAL PLAZA 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 Plaza 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 Plaza 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)

4420  
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  
2007 JUL -1 A 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA