Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations From: : C T CORPORATION SYSTEM : FCA000000023 Account Name Account Number (614) 280-3338 Phone Fax Number LLC DISSOLUTION OR WITHDRAWAL NATIONAL TOWER, LLC 0 Certificate of Status 0 Certified Copy 03 Page Count \$25.00 Estimated Charge Corporate Filing Menu Help Electronic Filing Menu

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COVER LETTER

Division of	n Section f Corporations			,
SUBJECT: Nation	nal Tower, LLC			
	(Name of Fo	reign Limited Liability	Company)	
Dear Sir or Madam:				
The enclosed withdo	rawal and fee(s) are submitte	d for filing.		
Please return all cor	respondence concerning this	matter to the following	3;	
Kathleen A. Quinn				
	(Name of Person)	····	-	
National Tower, LI	ic .			
	(Firm/Company)			TALE PAR
116 Huntington Av	enue, 11th floor			SEGRETARY OF STA
	(Addross)		_	24 \$8
Boston, MA 02116				Fig. D
	(City/State and Zip Cod	(a)	-	ES W
For further informat	ion concerning this matter, p	lcase call:		ADD.
Kathleen A. Quinn		617 at (375-7529	
(N	ame of Person)		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	S55 Filing Fee & Certified Copy	S60 Filing Fee, Certificate of Status & Certified Copy	

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

National Tower, LLC	
(Name of limited liability company)	
Massachusetts	
(Jurisdiction of its organization)	
6/25/2008	
(Date registered with Florida Department of State)	
M08000003037	·
(Florida Document Number)	
(Florida Document Number) This limited liability company is withdrawing its certificate of authority in this state	
SARY 2	
	T.
(Signature of authorized representative)	Û
Mnccsha O. Nahata	•
(Typed or printed name of signee)	

Filing Fee: \$25.00