

MO900003246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

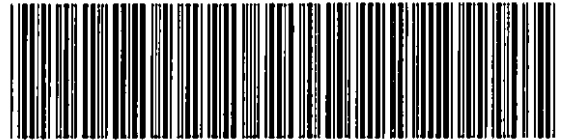
(Document Number)

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

Special Instructions to Filing Officer:

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SEP 14 11:25

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CLERK OF SUPERIOR COURT  
CLERK OF SUPERIOR COURT  
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9/18/14 DS

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312  
850-656-4724

Date: 9/14/2018  
Acc#I20160000072

*en: c SW*

Name:	13499 Biscayne Blvd. LLC
Document #:	
Order #:	11156787

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input type="checkbox"/>
	Plain: <input checked="" type="checkbox"/>
	COGS: <input type="checkbox"/>

*this is a  
1-2 filing.*

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 25.00

*Please process:*

- ① Reinstatement*
- ② Cancellation*

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 13499 Biscayne Blvd. 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:

Brian Shatz

\_\_\_\_\_  
(Name of Person)

Madison Realty Capital

\_\_\_\_\_  
(Firm/Company)

825 Third Avenue, 37th Floor

\_\_\_\_\_  
(Address)

New York, NY 10022

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Brian Shatz

\_\_\_\_\_  
(Name of Person)

646

472-1900

at (

\_\_\_\_\_) \_\_\_\_\_  
(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

13499 Biscayne Blvd. LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

8/13/2009

(Date registered with Florida Department of State)


M09000003248

(Florida Document Number)

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

Effective Date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Brian Shatz

(Typed or printed name of signee)

**Filing Fee: \$25.00**