

MD9000004239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

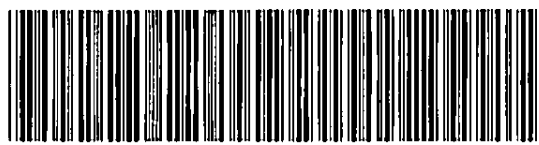
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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SEP 14 2017

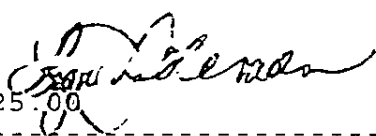
CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 812853 7143029

AUTHORIZATION :

COST LIMIT : \$ 25.00



ORDER DATE : September 12, 2017

ORDER TIME : 4:13 PM

ORDER NO. : 812853-010

CUSTOMER NO: 7143029

FOREIGN FILINGS

NAME: BEACON LAKES RETAIL I LLC

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: Roxanne Turner - EXT#

EXAMINER: _____

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Beacon Lakes Retail I LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

October 27, 2009

(Date registered with Florida Department of State)

M09000004239

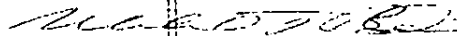
(Florida Document Number)

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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)

Michael T. Blair, Managing Director and Assistant Secretary of Prologis, Inc., the

(Typed or printed name of signee)

general partner of Prologis, L.P., the managing member of AMB/IMDH Beacon Lakes, LLC, the sole member of AMB Codina Beacon Lakes, LLC, the sole member of Beacon Lakes Retail I LLC

Filing Fee: \$25.00