

M09000004944

(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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B. KOHR

DEC 28 2011

EXAMINER



500215475215

RECEIVED
11 DEC 27 PM 4:16
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 AM 10:33



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 039603 5029428

AUTHORIZATION

COST LIMIT : \$ 25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 AM 10:33

ORDER DATE : December 27, 2011

ORDER TIME : 2:43 PM

ORDER NO. : 039603-025

CUSTOMER NO: 5029428

FOREIGN FILINGS

NAME: EAGLE RIDGE MALL, 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: Troy Todd - EXT# 2940

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR
WITHDRAWAL OF AUTHORITY TO TRANACT BUSINESS IN
FLORIDA**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 DEC 27 AM 10:33

Eagle Ridge Mall, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

M09000004944

(Florida Document Number)

This limited liability company is no longer transacting business in Florida and surrenders its authority to transact business in this state.

This limited liability company revokes the authority of its registered agent to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business in Florida.

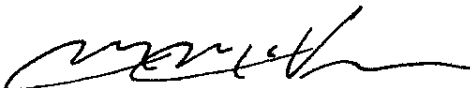
110 North Wacker Drive

(Mailing address)

Chicago, IL 60606

(City/State/Zip)

The limited liability company agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of member or authorized representative of a member)

Michael B. McVickar, Authorized Representative

(Typed or printed name of signee)

Filing Fee: \$25.00