

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
INLAND AMERICAN APARTMENT MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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2017 JAN 30 AM 11:39

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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JAN 31 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inland American Apartment Management 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:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

STATE OF FLORIDA
NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Inland American Apartment Management LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

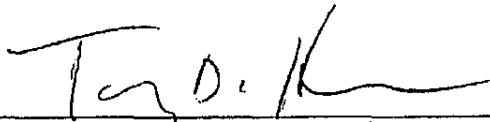
01/04/2010

(Date registered with Florida Department of State)

M10000000024

(Florida Document Number)

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



(Signature of authorized representative)

Timothy D. Hutchison, Manager

(Typed or printed name of signee)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00