

**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 : (850) 222-1092  
Fax Number : (850) 878-5368

**LLC DISSOLUTION OR WITHDRAWAL  
2600 & 2650 MCCORMICK DRIVE HOLDINGS, LLC**

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

**RECEIVED**

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2600 & 2650 McCORMICK DRIVE HOLDINGS, 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:

ROBIN KYLE

(Name of Person)

C-III ASSET MANAGEMENT LLC

(Firm/Company)

5221 N. O'CONNOR BLVD., STE. 600

(Address)

IRVING, TX 75039

(City/State and Zip Code)

For further information concerning this matter, please call:

ROBIN KYLE

(Name of Person)

at 972 , 868-5300

(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**

**2600 & 2650 McCORMICK DRIVE HOLDINGS, LLC**

(Name of limited liability company)

**MARYLAND**

(Jurisdiction of its organization)

**JANUARY 12, 2010**

(Date registered with Florida Department of State)

**M10000000144**

(Florida Document Number)

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



(Signature of authorized representative)

**ROBIN KYLE, AUTHORIZED PERSON**

(Typed or printed name of signee)

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14 MAR 26 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Filing Fee: \$25.00**