

Florida Department of State
Division of Corporations
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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) 205-8842
 Fax Number : (850) 678-5368

LLC DISSOLUTION OR WITHDRAWAL
COLE AN PORTFOLIO VI, LLC

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

2016 JUN 17 PM 1:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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JUN 20 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COLE AN PORTFOLIO VI, 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)

COLE AN PORTFOLIO VI, LLC
(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

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

COLE AN PORTFOLIO VI, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

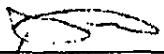
MARCH 24, 2010

(Date registered with Florida Department of State)

M10000001368

(Florida Document Number)

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


(Signature of authorized representative)

TODD J. WEISS, AUTHORIZED OFFICER OF MANAGER

(Typed or printed name of signee)

Filing Fee: \$25.00

2016 JUN 17 A 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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