

M100000001641

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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AND
FILED

19 MAR 20 2019 MAR 20 AM 8:19

SECRETARY OF STATE
MAIL ROOM

T.G.
3/21/19

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

ACCOUNT NO. : I20000000195
REFERENCE : 690982 5138497
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : March 19, 2019

ORDER TIME : 5:44 PM

ORDER NO. : 690982-010

CUSTOMER NO: 5138497

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AND
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2019 MAR 20 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FOREIGN FILINGS

NAME: REALTY ASSOCIATES FUND IX, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Realty Associates Fund IX, 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:

Jennifer Symmis

(Name of Person)

TA Realty LLC

(Firm/Company)

28 State Street, 10th Floor

(Address)

Boston, MA 02109

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Symmis

(Name of Person)

at (617) 476-2797

(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Realty Associates Fund IX, LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

4/9/2010

(Date registered with Florida Department of State)

M10000001641

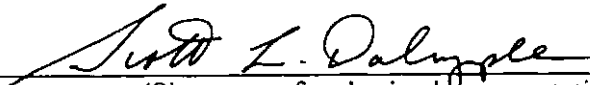
(Florida Document Number)

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)

Scott L. Dalrymple

(Typed or printed name of signee)

Filing Fee: \$25.00

2019 MAR 20 AM 8:15
SECRETARY OF STATE
FILED
APPROVED
AND