

7/26/2017

Division of Corporations

M10000001696

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
EAGLE FL IV SPE, LLC

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

Electronic Filing Menu

Corporate Filing Menu

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iv

JUL 27 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAGLE FL IV SPE, 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:

Katrina D. Ramey

(Name of Person)

BB&T

(Firm/Company)

200 West Second St., 3rd Floor

(Address)

Winston-Salem, NC 27101

(City/State and Zip Code)

For further information concerning this matter, please call:

Cathy Galfo

(Name of Person)

336

at (

733-2426

) (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

EAGLE FL IV SPE, LLC

(Name of limited liability company)

North Carolina

(Jurisdiction of its organization)

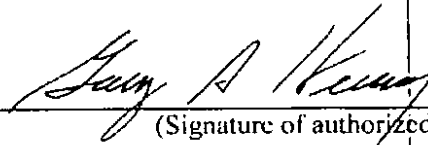
April 9, 2010

(Date registered with Florida Department of State)

M10000001696

(Florida Document Number)

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



(Signature of authorized representative)

Gary A. Herring

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2017 JUL 26 AM 9:18
SECRETARY OF STATE
TALLAHASSEE FLORIDA