

11/22/2016

Division of Corporations

M10000003367

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 : (614)280-3338
Fax Number : (954)288-0845

LLC DISSOLUTION OR WITHDRAWAL
IMT CAPITAL CARROLLWOOD STATION APARTMENTS LLC

Certificate of Status	0
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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: IMT Capital Carrollwood Station Apartments 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:

Kimberly Cady, Paralegal

(Name of Person)

Lewis Roca Rothgerber Christie LLP

(Firm/Company)

One South Church Avenue, Suite 700

(Address)

Tucson, Arizona 85701

(City/State and Zip Code)

For further information concerning this matter, please call:

Kimberly Cady

(Name of Person)

520

at (

629-4410

) (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 checked="" 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 |
|---|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IMT Capital Carrollwood Station Apartments LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

07/29/2010

(Date registered with Florida Department of State)

M10000003367

(Florida Document Number)

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

(Signature of authorized representative)

Bryan Scher, Manager

(Typed or printed name of signer)

Filing Fee: \$25.00

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