

M10000004254

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

JAN 29 2014  
S. MOORE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BH-AW FMC Medical Mall, 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:

Patricia Flournoy  
(Name of Person)

Behringer  
(Firm/Company)

15601 Dallas Parkway, Suite 600  
(Address)

Addison, TX 75001  
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia Flournoy at 469 341-2342  
(Name of Person) (Area Code & Daytime Telephone Number)

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TALLAHASSEE FLORIDA

**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**

**BH-AW FMC Medical Mall, LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

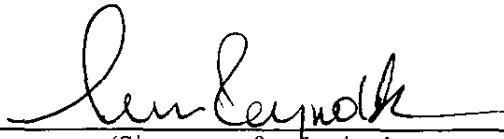
**9/28/2010**

(Date registered with Florida Department of State)

**M10000004254**

(Florida Document Number)

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



(Signature of authorized representative)

**Terri Warren Reynolds**

(Typed or printed name of signee)

2014 JAN 24 AM 11:28  
STATE CLERK OF STATE  
TALLAHASSEE FLORIDA

**FILED**

**Filing Fee: \$25.00**