

m11000000029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

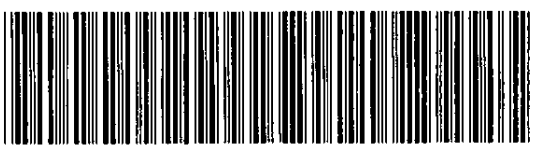
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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DEPARTMENT OF STATE  
15 NOV 17 AM 11:05  
NOT INTENDED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
2015 NOV 17 A 9 43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 18 2015  
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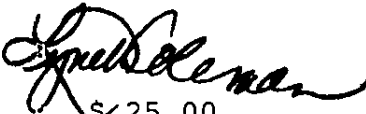
CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 869658 4320723

AUTHORIZATION

COST LIMIT : \$ 25.00



ORDER DATE : November 12, 2015

ORDER TIME : 8:33 AM

ORDER NO. : 869658-195

CUSTOMER NO: 4320723

FOREIGN FILINGS

NAME: IIT TAMPA - 4410 EAGLE FALLS  
PLACE LLC

CORPORATE  
 LIMITED PARTNERSHIP  
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
 PLAIN STAMPED COPY  
 CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IIT Tampa - 4410 Eagle Falls Place 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)

\_\_\_\_\_  
(Firm/Company)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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**

IIT Tampa - 4410 Eagle Falls Place LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)


01/04/2011

(Date registered with Florida Department of State)

M11000000029

(Florida Document Number)

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



(Signature of authorized representative)

Neil Kirin

(Typed or printed name of signee)

Filing Fee: \$25.00

2015 NOV 17 A 9:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED