(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

E.

ACCOUNT NO. : I2000000195

REFERENCE: 869658 4320723

AUTHORIZATION C

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

XXX 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

ro:	_	stration S sion of Co	ection orporations		
SUBJE	CT.	IIT Tan	npa - 4410 Eagle Fa	lls Place LLC	
SOBJE	CI.		(Name of Fore	ign Limited Liability Co	ompany)
Dear Si	r or M	fadam:			
The end	closed	withdraw	al and fee(s) are submitted	for filing.	
Please r	return	all corres	pondence concerning this I	matter to the following:	
:		·····	(Name of Person)		
			(Firm/Company)		
			(rirm/Company)		
			(Address)		
		ela	(City/State and Zip Code	 a)	
For fur	ther in	nformation	n concerning this matter, pl	ease call:	
				at (Daytime Telephone Number)
		(Nan	ne of Person)	(Area Code &	Daytime Telephone (Auniber)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			Section Corporations ling ive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclos	sed is	a check f	or the following amount:		
□ \$ 25	Filin	g 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 Klein (Typed or printed pame of signar)
(Typed or printed name of signee)

Filing Fee: \$25.00

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