

M11000000226

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

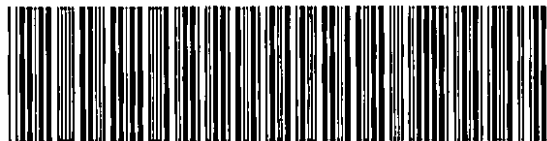
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/12/18--01019 --007 ++150.00

12/12/18 12:11:14
STATE
CLERK
RECEIVED

Withdrawal

DEC 21 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAIT COMMERCIAL, 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:

Anders Laren, Senior Managing Director

(Name of Person)

RAIT Financial Trust

(Firm/Company)

Two Logan Square, 100 N. 18th Street, 23rd Floor

(Address)

Philadelphia, PA 19103

(City/State and Zip Code)

For further information concerning this matter, please call:

Anders Laren

(Name of Person)

215

207-2093

at (

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Chifon 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

FILED
2006 APR 05 PM 2:00
TALLAHASSEE, FL
REG. SEC. DIV.

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

RAIT COMMERCIAL, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

1/19/2011

(Date registered with Florida Department of State)

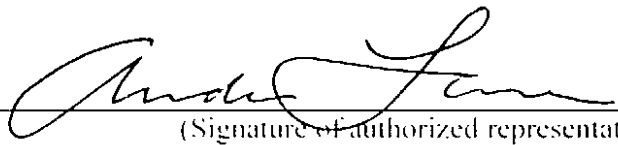
M11000000226

(Florida Document Number)

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.


(Signature of authorized representative)

Anders Laren

(Typed or printed name of signee)

FILED
JAN 20 2011
TALLAHASSEE
FLORIDA
DEPARTMENT OF STATE

Filing Fee: \$25.00