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

Fax Number

LLC DISSOLUTION OR WITHDRAWAL PKY FUND II JACKSONVILLE I, LLC

Certificate of Status	0
Certified Copy	0
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COVER LETTER

		Section Corporations	•	
SUBJECT:		und II Jacksonville I, LLC		
2020201,		(Name of Fo	reign Limited Liability	Company)
Dear Sir or M	Madam:			
The enclosed	d withdra	awal and fee(s) are submitte	d for filing.	
Please return	all corr	espondence concerning this	matter to the following	g:
Jeremy Dore	selt			
		(Name of Person)		
Parkway Pro	operties,	Inc.		
		(Firm/Company)		-
390 North O	Drange A	venue, Suite 2400		
		(Address)		-
Orlando, FL	32801			
		(City/State and Zip Cod	(c)	-
For further in	nformati	on concerning this matter, p	lease call:	
Jeremy Dors	sett		407	650-0593
	(Ni	me of Person)	(Area Code d	& Daytime Telephone Number)
Reg Div Clif 266	pistration ision of ton Buil 1 Execu	OURIER ADDRESS: Section Corporations ding tive Center Circle 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	S \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

KY Fund II Jacksonville I, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
3/09/11
(Date registered with Florida Department of State)
111000001234
(Florida Document Number)
his limited liability company is withdrawing its certificate of authority in this state.
A STATE OF THE PARTY OF THE PAR
(Signature of authorized representative)
Jeremy Dorsett
(Typed or printed name of signee)

Filing Fee: \$25.00