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(Address)
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(Business Entity Name)
(Document Number)
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K.SALY EXAMINER NOV - 5 2015 CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 856074 4320723

AUTHORIZATION : Capelle Rena

COST LIMIT : \$ 25.00

ORDER DATE: November 1, 2015

ORDER TIME : 1:19 PM

ORDER NO. : 856074-045

CUSTOMER NO: 4320723

FOREIGN FILINGS

NAME: IIT FT. LAUDERDALE INDUSTRIAL

II LLC

____ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:	IIT Ft. Lauderdale Industrial II LLC			
SOBJECT.		(Name of For	eign Limited Liability C	Сотрапу)
Dear Sir or I	Madam:			
The encloses	d withdra	wal and fee(s) are submitted	d for filing.	
Please return	all corre	espondence concerning this	matter to the following:	
		(Name of Person)		
	, <u>.</u>	(Firm/Company)		
		(Address)		
	÷- '	(City/State and Zip Cod	e)	
For further i	nformatio	on concerning this matter, p	lease call:	
			at ()
	(Na	me 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 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 Ft. Lauderdale Industrial II LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
11/16/2011
(Date registered with Florida Department of State)
M11000005809
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
John W. Collins, An Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00