M11000005811

(Requ	uestor's Name)				
(Addr	ess)				
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(City/	State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
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2015 NOY -4 PM 1:57

WOV 05 2015 BHUE CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

y

ACCOUNT NO. : I2000000195

REFERENCE: 856074 4320723

AUTHORIZATION :

COST LIMIT : \$ (2)5,00

ORDER DATE : November 1, 2015

ORDER TIME : 1:23 PM

ORDER NO. : 856074-070

CUSTOMER NO: 4320723

DODETCH ETITICS

FOREIGN FILINGS

NAME: IIT TAMARAC BUSINESS CENTER

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

то:		ration Se on of Cor	ction porations					
CHERT	.cr.	T Tam	arac Business Cer	nter LLC				
SUBJECT: (Name of Foreign Limited Liability Company)								
Dear Si	ir or Mac	dam:						
The en	closed w	ithdrawa	I and fee(s) are submitte	d for filing.		•		•
Please	return all	l corresp	ondence concerning this	matter to the following:				
			(Name of Person)					
			(Firm/Company)					
			(Address)			TAL TAL	20:	
			(City/State and Zip Cod	e)		CRETA LAHAS	2815 NOV -4	7
For fur	ther info	rmation (concerning this matter, p	elease call;		RY OF S	γ γ	
				at ())	\bigcirc		
		(Name	of Person)	(Area Code &	Daytime Telephone Numb	A C	28	
Registration Section Regis Division of Corporations Divis Clifton Building P.O. I		ING ADDRESS: ration Section on of Corporations ox 6327 assee, Florida 32314						
Enclos	ed is a c	heck for	the following amount:					
□ \$25	Filing F	ee [3 \$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of Statu Certified Copy	us &		

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

IIT Tamarac Bi	usiness Center LLC	
	(Name of limited liability company)	
Delaware		
	(Jurisdiction of its organization)	
11/16/2011		
	(Date registered with Florida Department of State)	
M1100000581	1	
	(Florida Document Number)	
This limited liab	ility company is withdrawing its certificate of authority in the	his state.
_	John W. Collingature of authorized representative) An Authorized Person	2015 NOV - SECRETAI TALLAHAS
_	(Typed or printed name of signee)	LGD -4 A \$ 2 RY OF STATE SEE, FLORID

Filing Fee: \$25.00