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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (512)418-6949 Phone Fax Number : (954)208-0845

> LLC DISSOLUTION OR WITHDRAWAL COLE RT LEESBURG FL, LLC

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COVER LETTER

	stration Section ion of Corporations			
SUBTRACT.	Cole RT Leesburg FL, LLC			
SOBSET.	(Name of Fore	eign Limited Lia	ability Company)	
Dear Sir or M	adam:		٠.	
The enclosed	withdrawal and fee(s) are submitted	l for filing.		
Piease retum a	ill correspondence concerning this	matter to the foli	lowing:	
Kathi Simens				
•	(Name of Person)		· euclemisers · ·	
VEREIT, Inc.				
·	(Firm/Compacy)		· · · · · · · · · · · · · · · · · · ·	
2325 East Car	nelback Road, Suite 1100		E.	
	(Address)		Millerthicus as	
Phoenix, AZ	35016			
	(City/State and Zip Code	:)		
For further int	ormation concerning this matter, pl	cașe call:		
Kathi Simens		602	778-6304)	
	(Name 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 Tullulussee, Florida 32314	
Enclosed is a	check for the following amount:			
□ \$25 Filing	Fee S30 Filing Fee & Certificate of Status	Ca \$55 Filing For Certified Co		

DIVISION OF CORPORATIONS

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Cole RT Leesbu	ire FL. LLC	
	(Name of limited liability company)	· • • • • • • • • • • • • • • • • • • •
	(Name of filmled flatifity company)	
Delaware		
	(Jurisdiction of its organization)	
12/12/2011		
······································	(Date registered with Florida Department of State)	
M11000006184		
•	(Florida Document Number)	
(If an effectiv more than 90	e, if other than the date of filing:ee date is listed, the date must be specific and cannot be prior t days after filing.)	to date of filing or
	ate inserted in this block does not meet the applicable statutor not be listed as the document's effective date on the Departme	
	(Signature of authorized representative)	
	Todd J. Weiss, Assistantt Scoretary of Cole REIT Advisors III, LLC, M	
	(Typed or printed name of signee)	

Filing Fee: \$25.00