## M12000001170

(Re	equestor's Name)	
(Ad	dress)	····
(Ad	dress)	
(Cit	ty/State/Zip/Phone #	<del>)</del>
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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14 DEC 11 PM 3: 40 LLAHASSEE, FLORIDA



ACCOUNT NO. : I2000000195 REFERENCE: 416766 7562867 AUTHORIZATION : COST LIMIT : ORDER DATE: December 11, 2014 ORDER TIME : 10:01 AM ORDER NO. : 416766-010 CUSTOMER NO: 7562867 FOREIGN FILINGS NAME: AP MCD DISPOSITION PORTFOLIO, LLCCORPORATE 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: Courtney Williams - EXT# 62935

EXAMINER:

## **COVER LETTER**

TO:

Registration Section

Div	ision of (	Corporations				
SUBJECT:	AP M	CD DISPOSITION P	ORTFOLIO, LLC	;		
(Name of Foreign Limited Liability Company)						
Dear Sir or N	Лаdam:					
The enclosed	l withdra	wal and fee(s) are submitte	d for filing.			
Please return	all corre	espondence concerning this	matter to the following	g:		
CHUCK P	KOSLC	DSKY				
		(Name of Person)	and the second s	····		
MCDOWI	ELL P	ROPERTIES				
		(Firm/Company)		_		
6860 NO	RTH D	ALLAS PARKWAY,	SUITE 200			
		(Address)		<del></del>		
PLANO,	TX 75	5024				
		(City/State and Zip Cod	e)	<del>-</del>		
For further in	ıformatic	on concerning this matter, p	lease call:			
CHUCK R	KOSLC	SKY	415 at (	788-1600		
	(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  Enclosed is a check for the following amount:  MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301		stration Section sion of Corporations Box 6327				
□ \$25 Filing		□ \$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

AP MCD DISPOSITION PORTFOLIO,LLC		
(Name of limited liability company)		•
DELAWARE		
(Jurisdiction of its organization)		
03/01/2012		
(Date registered with Florida Department of State)		
M12000001170	ALL SEC	
(Florida Document Number)		
This limited liability company is withdrawing its certificate of authority in this state.	TWRY ASSE	· June
Ch Ly	PM 3: LO OF STATE E. FLORIDA	
(Signature of authorized representative)	Ā	
CHARLES KOSLOSKY		
(Typed or printed name of signee)		

Filing Fee: \$25.00