

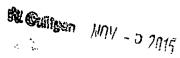
M1200003016

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	<u> </u>
(Cit	y/State/Zip/Phone	, #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

Office Use Only



000278809390



CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 856074 4320723

AUTHORIZATION :

COST LIMIT : \$ (7),00

ORDER DATE: November 1, 2015

ORDER TIME : 1:22 PM

ORDER NO. : 856074-060

CUSTOMER NO: 4320723

FOREIGN FILINGS

NAME: IIT WESTON BUSINESS CENTER LLC

____ CORPORATE

LIMITED PARTNERSHIP

XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

YY PLAIN STAMPED COE

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

TO:

Registration Section

Division of	f Corporations		
	Veston Business Cent		
JOBSEC 1.	(Name of For	reign Limited Liability (Company)
Dear Sir or Madam:			
The enclosed withd	rawal and fee(s) are submitte	d for filing.	
Please return all cor	respondence concerning this	matter to the following	:
	(Name of Person)		
	(Firm/Company)		
	(Address)		
	,		
	(City/State and Zip Cod	ie)	
For further informat	tion concerning this matter, p	lease call:	
		at ()
(1)	lame of Person)	(Area Code &	Daytime Telephone Number)
Registratio	COURIER ADDRESS: n Section f Corporations	MAILING ADDRESS: Registration Section Division of Corporations	
Clifton Bu 2661 Exec		P.O. B	Sox 6327 lassee, Florida 32314
Enclosed is a check	for the following amount:		
□ \$25 Filing 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 Weston Business Center LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
05/29/2012
(Date registered with Florida Department of State)
M12000003016
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
an
Lolm W. (Signature of authorized representative)
An Authorized Person
(Typed or printed name of signes)

Filing Fee: \$25.00