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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)222-1092

Fax Number

: (850)878-5368

LLC DISSOLUTION OR WITHDRAWAL PPF AMLI SUNRISE BOULEVARD, LLC

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T. HAMPTON

MOV 2 5 2014

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11/24/2014

COVER LETTER

	on Section of Corporations		
SUBJECT: PPF	AMLI Sunrise Boulevard, I.1		
	(Name of Fo	reign Limited Liability	Company)
Dear Sir or Madan	: :		
The enclosed with	irawal and fee(s) are submitte	ed for filing.	
Please return all co	rrespondence concerning this	matter to the following	g:
Serah Park			
	(Name of Person)		-
PPF AMLI Sunris	e Boulevard, LLC, c/o AMLI	Residential	_
	(Firm/Company)		-
200 W. Monroe St	reel, Suite 2200		_
	(Address)		_
Chicago, IL 60600	5		
	(City/State and Zip Coo	ic)	_
For further informa	tion concerning this matter, p	olcase call:	
Sarah Park		312 at (283-4932
(1	Name of Person)		& Daytime Telephone Number)
Registratic Division o Clifton Bu 2661 Exec Tullahasse	f Corporations vilding cutive Center Circle e, Florida 32301	Regis Divis P.O. Talla	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314
Enclosed is a chec	k for the following amount:		
S25 Piling 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

PPF AMLI Suarise Boulevard, LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
06/07/2012
(Date registered with Florida Department of State)
M12000003226
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
Anch & Parl
(Signature of authorized representative)
Sarah L. Park
(Typed or printed name of signee)

Filing Fee: \$25.00

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