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Florida Department of State  
Division of Corporations  
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To: 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

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DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC DISSOLUTION OR WITHDRAWAL  
PPF AMLI SUNRISE BOULEVARD, LLC

Certificate of Status	0
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Page Count	03
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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T. HAMPTON

NOV 25 2014

T. HAMPTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PPF AMLI Sunrise Boulevard, LLC  
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed withdrawal and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Park  
(Name of Person)

PPF AMLI Sunrise Boulevard, LLC, c/o AMLI Residential  
(Firm/Company)

200 W. Monroe Street, Suite 2200  
(Address)

Chicago, IL 60606  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sarah Park at 312 283-4932  
(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  
Tallahassee, 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**

PPF AMLI Sunrise 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.

*Sarah L. Park*

(Signature of authorized representative)

Sarah L. Park

(Typed or printed name of signee)

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA