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(Re	questor's Name)			
(Ad	dress)			
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(Cit	y/State/Zip/Phone	e #)		
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NOV 05 2015 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 856074 4320723 AUTHORIZATION : COST LIMIT ORDER DATE: November 1, 2015 ORDER TIME : 1:17 PM ORDER NO. : 856074-030 CUSTOMER NO: 4320723 FOREIGN FILINGS NAME: IIT MIAMI DC II LLC CORPORATE 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: Melissa Zender - EXT# 62956

EXAMINER:

COVER LETTER

	istration Se ision of Co			
SUBJECT:	IIT Miai	mi DC II LLC		
SCBSHC1.	***	(Name of For	eign Limited Liability	Company)
Dear Sir or N	/ladam:			
The enclosed	l withdraw	al and fee(s) are submitted	d for filing.	
Please return	all corress	oondence concerning this	matter to the following	3;
***********************		(Name of Person)	The state of the s	-
		(Firm/Company)		
		(Address)		_
		(City/State and Zip Cod	e)	-
For further in	nformation	concerning this matter, p	lease call:	
			at ()
	(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 fo	r the following amount:		
S25 Filing	g 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 Miami DC II LLC			
(Name of limited liability company)			
Delaware			
(Jurisdiction of its organization)			
11/09/2012	∃ .,	<u>.</u>	
(Date registered with Florida Department of State)	T.S.		보도록했다는
M12000006296	生産	- AON	ALALAST.
(Florida Document Number)	S	F	4
This limited liability company is withdrawing its certificate of authority in this state.	E. FLORIDA	AM 9:31	
(Signature of authorized representative) John W. Collins,			
An Authorized Person			
(Typed or printed name of signee)			

Filing Fee: \$25.00