

M120000067N

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

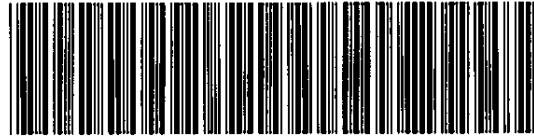
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900293761849

JAN 03 2017
S. YOUNG

15 DEC 30 AM 8:01

15 DEC 30 PM 1:54

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SECRETARY OF STATE
BUREAU OF REVENUE

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SOFTWARE DIVISION

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

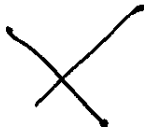
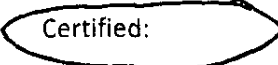
850-508-1891 (cell)

Date: 12/30/10
ACCT. I20160000072

en: c SW

| | |
|-------------|---------------------------------|
| Name: | COLONNADE AT DADELAND OWNER LLC |
| Document #: | |
| Order #: | 70643950 |

| | | | | |
|-----------------------------------|--|--|-------------------------|--|
| Certified Copy of Arts & Amend: | | | | |
| Plain Copy: | | | | |
| Certificate of Good Standing: | | | | |
| Apostille/Notarial Certification: | | | Country of Destination: | |
| | | | Number of Certs: | |

| | |
|---|--|
| Filing:  | Certified:  |
| COGS: | |

| |
|---------------------|
| Availability _____ |
| Document _____ |
| Examiner _____ |
| Updater _____ |
| Verifier _____ |
| W.P. Verifier _____ |
| Ref# _____ |

Amount: \$ 55.00

15 DEC 30 AM 8:01
STATE
TALLAHASSEE, FL 32312

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Colonnade at Dadeland Owner 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:

Patricia McBratney

(Name of Person)

Colonnade at Dadeland Owner LLC

(Firm/Company)

c/o MCRT Colonnade at Dadeland LLC

(Address)

2255 Glades Road, Suite 423A, Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Charlotte E. Wolverton, Jones Day Paralegal

(Name of Person)

214 969-4567
at ()

(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

15 DEC 30 AM 8:01
REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Colonnade at Dadeland Owner LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

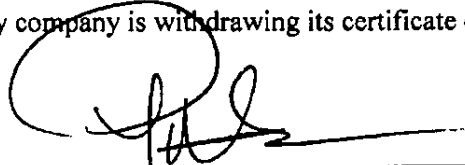
December 3, 2012

(Date registered with Florida Department of State)

M12000006714

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

BY: MCRT Colonnade at Dadeland LLC, its Managing Member

BY: Patricia McBratney, Chief Administrative Officer and Secretary

(Typed or printed name of signee)

16 DEC 30 AM 8:01

RECEIVED
FLORIDA DEPARTMENT OF STATE
16 DEC 30 AM 8:01

Filing Fee: \$25.00