

M12000006844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

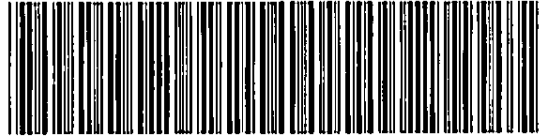
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900437056249

SECTION 6 STATE
TALLAHASSEE, FL

2024 OCT -1 AM 10:00

FILED

SECTION 6 STATE
TALLAHASSEE, FL

2024 OCT -1 AM 11:20

RECEIVED

APB



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations
From: Ben Bolen
Ext:
Date: 10/01/24
Order #: 1634954-2
Re: Shelborne Operating Associates, LLC
Processing Method: Routine

A handwritten signature in black ink, appearing to read 'Ben Bolen', is written over the 'Re:' line of the header.

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$35 - FL State Account Number:
I20000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Shelborne Operating Associates, LLC

(Name of Corporation)

DOCUMENT NUMBER: M12000006844

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Gersten

(Name of Person)

c/o W. P. Carey Inc.

(Firm/Company)

One Manhattan West, 395 9th Ave., 58th Floor

(Address)

New York, NY 10001

(City/State and Zip code)

For further information concerning this matter, please call:

Robin Gersten

at (212) 899-4349

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- ☐ \$35 Filing Fee ☐ \$43.75 Filing Fee & Certificate of Status ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) ☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Shelborne Operating Associates, LLC

(Name of Corporation)

M12000006844

(Document Number of Corporation (if known))

Delaware - December 3, 2012

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

FILED
2024 OCT -11 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FL

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

One Manhattan West, 395 9th Ave., 58th Floor

(Mailing Address)

New York, NY 10001

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

DocuSigned by:
ROBIN GERSTEN

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

9/30/2024

(Date)

Robin Gersten

(Typed or printed name of person signing)

Assistant Secretary

(Title of person signing)

FILING FEE \$35