## M13000003003

(Re	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallahassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 856074 4320723

AUTHORIZATION :

COST LIMIT : \$\(\int\_2\)\(\frac{1}{2}\)\(\frac{1}\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}2\)\(\frac{1}

ORDER DATE: November 1, 2015

ORDER TIME : 1:20 PM

ORDER NO. : 856074-050

CUSTOMER NO: 4320723

## FOREIGN FILINGS

NAME: IIT LAKEVIEW BC 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

TO: Registration Division of	1 Section Corporations		
SUBJECT:	akeview BC LLC		
	(Name of For	reign Limited Liability (	Company)
Dear Sir or Madam:			
The enclosed withdr	awal and fee(s) are submitte	d for filing.	
Please return all com	espondence concerning this	matter to the following:	
	(Name of Person)		
	(Firm/Company)		
	(Address)		
	(City/State and Zip Cod	c)	
For further informati	on concerning this matter, p	lease call:	
		at (	)
()/	ame 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

IT Lakeview BC LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
05/10/2013
(Date registered with Florida Department of State)
M13000003003
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
John W. Simature of authorized representative)  An Authorized Person
(Typed or printed name of signee)

Filing Fee: \$25.00