

M17 00000 6001

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

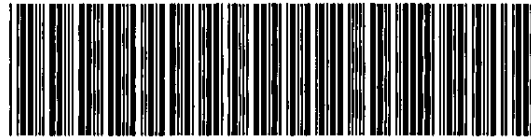
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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06/30/14--01008--015 \*\*25.00

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14 JUN 30 PM 12:05  
TALLAHASSEE, FLORIDA



900 W. 48th Place, Suite 900, Kansas City, MO 64112-1895 • 816.753.1000

June 25, 2014

Darcie E. Link  
(816) 218-1241  
(816) 817-0297 Direct Fax  
dlink@polsinelli.com

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

**Re: SW 5<sup>th</sup> Street – 10050737 LLC**

Dear Sir or Madam:

Enclosed herein please find the Notice of Withdrawal form with respect to the above-referenced entity and a check in the amount of \$25.00 to pay for the filing fee. Please file the enclosed and return the file-stamped copy to my attention at the above address.

Should you have any questions with respect to the enclosed, please contact the undersigned.

Sincerely,

A handwritten signature in black ink that reads "Darcie E. Link".

Darcie E. Link  
Practice Group Assistant

DEL:dl  
Enclosure

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SW 5th Street - 10050737 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:

**Jeannine Campbell**

(Name of Person)

**Polsinelli PC**

(Firm/Company)

**900 W. 48th Place, Suite 500**

(Address)

**Kansas City, Missouri, 64112**

(City/State and Zip Code)

For further information concerning this matter, please call:

**Jeannine Campbell**

(Name of Person)

at **816 374-0506**

(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**

**SW 5th Street - 10050737 LLC**

(Name of limited liability company)

**Delaware**

(Jurisdiction of its organization)

**April 18, 2013**

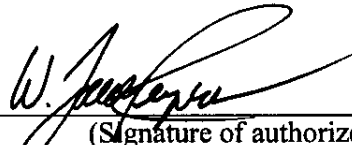
(Date registered with Florida Department of State)

**M13000006001**

(Florida Document Number)

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

By:



(Signature of authorized representative)

KeyBank National Association, a national banking association, successor by merger to KeyCorp Real Estate Capital Markets, Inc., an Ohio Corporation, solely in its capacity as special servicer and authorized agent for the Member under the Pooling and Servicing, its Manager

(Typed or printed name of signee)

**Filing Fee: \$25.00**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA  
14 JUN 30 PM 12:05