

M14000000378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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06/13/17--01022--003 **25.00

RECEIVED
DEPARTMENT OF REVENUE
17 JUN 13 AM 11:00

FILED
2017 JUN 13 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 14 2017
D. HARRIS

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 6/12 Glinda

☐ **CERTIFIED COPY**

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WITHDRAWAL

1. **LLJ STRATFORD OAKBROOK MANAGER, LLC**

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LLJ MULTIFAMILY VENTURES 5 MANAGER, 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:

MARISA SANCHEZ

(Name of Person)

LLJ STRATFORD OAKBROOK MANAGER, LLC

(Firm/Company)

750 B STREET SUITE 3020

(Address)

SAN DIEGO, CA 92101

(City/State and Zip Code)

For further information concerning this matter, please call:

MARISA SANCHEZ

(Name of Person)

at (619) 814-1400 X 305

(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:

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|--|---|--|--|

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

LLJ MULTIFAMILY VENTURES 5 MANAGER, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

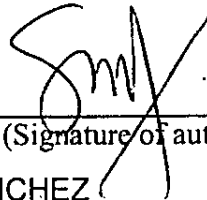
01/17/2014

(Date registered with Florida Department of State)

M14000000378

(Florida Document Number)

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



(Signature of authorized representative)

MARISA SANCHEZ

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2017 JUN 13 AM 8:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA