

M140000000820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

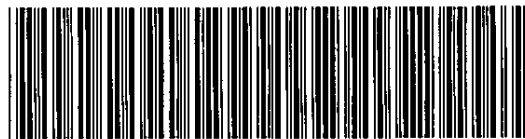
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
14 NOV 18 AM 10:32

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 NOV 18 AM 11:05

NOV 19 2014
J. HARRIS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 380344 7604215

AUTHORIZATION :

[Signature]

COST LIMIT : \$25.00

ORDER DATE : November 17, 2014

ORDER TIME : 9:03 AM

ORDER NO. : 380344-005

CUSTOMER NO: 7604215

FOREIGN FILINGS

NAME: GP MAIN STREET JACKSONVILLE
FL LANDLORD, LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Courtney Williams - EXT# 62935

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GP Main Street Jacksonville FL Landlord, 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:

Karen King

(Name of Person)

SunTrust Equity Funding, LLC

(Firm/Company)

3333 Peachtree Road, 10th Floor

(Address)

Atlanta, Georgia 30326

(City/State and Zip Code)

For further information concerning this matter, please call:

Karen King

(Name of Person)

404

439-7662

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:

- | | | | |
|--|---|--|--|
| <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

GP Main Street Jacksonville FL Landlord, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

02/05/2014

(Date registered with Florida Department of State)

M14000000820

(Florida Document Number)

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



(Signature of authorized representative)

Allison McLeod

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
16 NOV 18 AM 11:05