

# **M14000001463**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

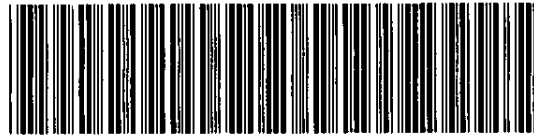
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



100265723041

FILED  
2015 JAN -7 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
DEPARTMENT OF STATE  
15 JAN -7 AM 10:52

K. SALLY  
EXAMINER  
JAN - 8 2015

ACCOUNT NO. : I20000000195

REFERENCE : 449021 4361510

AUTHORIZATION :

COST LIMIT : \$25.00

ORDER DATE : January 5, 2015

ORDER TIME : 3:31 PM

ORDER NO. : 449021-130

CUSTOMER NO: 4361510

FOREIGN FILINGS

NAME: BOW A FL-OFFICE, 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:** BOW A FL-Office, 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:

Linda Bodenstein

(Name of Person)

Colony Capital, LLC

(Firm/Company)

2450 Broadway, Sixth Floor

(Address)

Santa Monica, CA 90404

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda Bodenstein

(Name of Person)

at 310 282-8820

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

FILED

2015 JAN -7 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY**

BOW A FL-Office, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

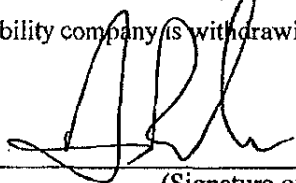
3/04/2014

(Date registered with Florida Department of State)

M14000001463

(Florida Document Number)

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



(Signature of authorized representative)

BOW A FL-Office, LLC  
By: ColFin BOW Funding A, LLC, its sole member

By: David A. Palamé, Assistant Secretary

(Typed or printed name of signee)

**Filing Fee: \$25.00**