

M 1400000 4230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 JUL 31 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Gulligan AUG - 6 2014



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 238844 7980827

AUTHORIZATION :

COST LIMIT \$ 25.00

ORDER DATE : July 31, 2014

ORDER TIME : 10:20 AM

ORDER NO. : 238844-010

CUSTOMER NO: 7980827

FOREIGN FILINGS

NAME: ARCP CX WINTER SPRINGS FL, 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# 62925

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 1, 2014

CSC
ATTN: COURTNEY WILLIAMS

SUBJECT: ARCP CX WINTER SPRINGS FL, LLC
Ref. Number: M14000004230

RESUBMIT
Please give original
submission date as file date.

2014 AUG -5 AM 10:58
TO AGENCY USE
SUFFICIENCY OF FILING

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

We have received your document for ARCP CX WINTER SPRINGS FL, LLC. However, the document has not been filed and is being returned for the following:

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Agnes Lunt
Regulatory Specialist II

Letter Number: 014A00016493

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARCP CX Winter Springs FL, 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:

Carla A. Thomas

(Name of Person)

American Realty Capital Properties, Inc.

(Firm/Company)

7621 Little Ave, Suite 200

(Address)

Charlotte, NC 28226

(City/State and Zip Code)

For further information concerning this matter, please call:

Akomea Poku-Kankam

(Name of Person)

704

626-4401

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:

☐ \$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

ARCP CX Winter Springs FL, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

6/16/2014

(Date registered with Florida Department of State)

M14000004230

(Florida Document Number)

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



(Signature of authorized representative)

Akomea Poku-Kankam

(Typed or printed name of signee)

FILED
2014 JUL 31 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00