

M14000008878

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 205-8842  
Fax Number : (850) 878-5368

FILED  
2015 MAY 27 AM 8:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC DISSOLUTION OR WITHDRAWAL  
RYANWOOD SQUARE STATION LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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5/27/2015 10:17:58 AM From: No: 8506176383( 2/3 )

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ryanwood Square Station 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:

Barbara Hood  
(Name of Person)

Ryanwood Square Station LLC  
(Firm/Company)

11501 Northlake Drive  
(Address)

Cincinnati, OH 45249  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Hood at 513 554-1110  
(Name of Person) (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

5/27/2015 10:17:58 AM From: To: 8506176383( 3/3 )

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TALLAHASSEE, FLORIDA

### NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Ryanwood Square Station LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

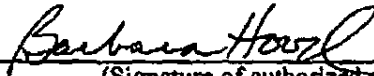
December 11, 2014

(Date registered with Florida Department of State)

M1400008878

(Florida Document Number)

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



(Signature of authorized representative)

Barbara Hood, Authorized Representative

(Typed or printed name of signee)

**Filing Fee: \$25.00**