

10/4/2016

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

**LLC DISSOLUTION OR WITHDRAWAL
EXCHANGERIGHT NET LEASED PORTFOLIO 9, LLC**

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

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TALLAHASSEE, FLORIDA

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D. BRUCE
OCT 05 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **EXCHANGERIGHT NET LEASED PORTFOLIO 9**
(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:

Warren Thomas

(Name of Person)

EXCHNAGERIGHT REAL ESTATE LLC

(Firm/Company)

200 SOUTH LOS ROBLES #210

(Address)

PASADENA, CA 91101

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER CHASE

(Name of Person)

at **855 317-4448**
(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

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

EXCHANGERIGHT NET LEASED PORTFOLIO 9 LLC

(Name of limited liability company)

IOWA

(Jurisdiction of its organization)

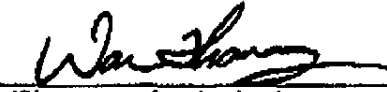
03/04/2015

(Date registered with Florida Department of State)

M15000001685

(Florida Document Number)

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



(Signature of authorized representative)

Warren Thomas

(Typed or printed name of signee)

2016 OCT -4 P 1:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00