

M15000008310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

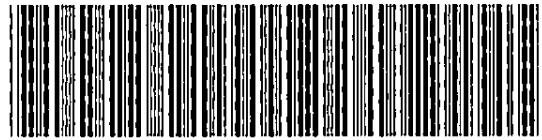
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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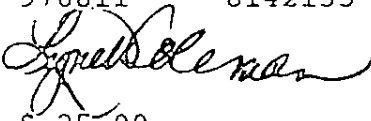
2017 DEC 21 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2017 DEC 21 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
DEC 22 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 976811 8142135
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : December 21, 2017
ORDER TIME : 1:32 PM
ORDER NO. : 976811-010
CUSTOMER NO: 8142135

FOREIGN FILINGS

NAME: EXCHANGERIGHT NET LEASED
PORTFOLIO 11, LLC

 CORPORATE
 LIMITED PARTNERSHIP
XXX LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Roxanne Turner - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EXCHANGERIGHT NET LEASED PORTFOLIO 11, 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:

(Name of Person)

Corporation Service Company

(Firm/Company)

251 Little Falls Drive

(Address)

Wilmington, DE 19808

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (800) 927-9800
(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:

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

EXCHANGERIGHT NET LEASED PORTFOLIO 11, LLC

(Name of limited liability company)

Iowa

(Jurisdiction of its organization)

10/16/2015

(Date registered with Florida Department of State)

M15000008310

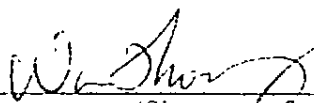
(Florida Document Number)

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TALLAHASSEE, FLORIDA

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

Effective Date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.



(Signature of authorized representative)

Warren Thomas

(Typed or printed name of signee)

Filing Fee: \$25.00