

M17000002274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

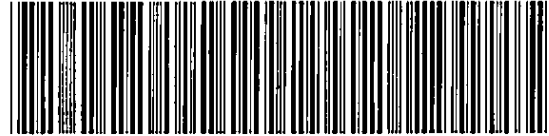
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300320490143

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 NOV - 8 AM 8:40

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RECEIVED
SECRETARY OF STATE
18 NOV - 8 PM 4:20


T. CLINE

NOV - 9

2818

EXAMINER

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

ACCOUNT NO. : I20000000195
REFERENCE : 477090 8142135
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : November 8, 2018
ORDER TIME : 3:21 PM
ORDER NO. : 477090-005
CUSTOMER NO: 8142135

FOREIGN FILINGS

NAME: EXCHANGERIGHT NET LEASED
PORTFOLIO 16, 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: Emily Croft - EXT# 62925

EXAMINER: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Exchangeright Net Leased Portfolio 16, 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)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person) 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:

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Exchangeright Net Leased Portfolio 16, LLC

(Name of limited liability company)

Iowa

(Jurisdiction of its organization)

03/17/2017

(Date registered with Florida Department of State)

M17000002274

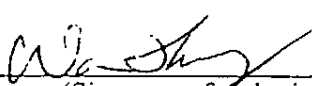
(Florida Document Number)

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)

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TALLAHASSEE, FLORIDA

Filing Fee: \$25.00