epartment of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA00000023

Phone

: (850)222-1092

Fax Number

: (850)878-5368



LLC DISSOLUTION OR WITHDRAWAL SIMON PALM BEACH, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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D. BRUCE

APR 29 2010

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COVER LETTER

| TO: Registration Division of | n Section Corporations | | | 76 |
|---|--|------------------------------------|--|---|
| SUBJECT: Simo | n Palm Beach, LLC | | | |
| SUBJECT; | | reign Limited Liability | Company) | • |
| Dear Sir or Madam: | | | | • |
| The enclosed withdr | awal and fee(s) are submitt | ed for filing. | | |
| Please return all con | respondence concerning thi | s matter to the followin | g: | |
| Tracy L. Reinholt | | | | |
| | (Name of Person) | | | , |
| Simon Property Gro | up | | | |
| | (Firm/Company) | | - | <u></u> |
| 225 W. Washington | St., P.O. Box 7033 | | | TO A |
| | (Address) | | • | PR. |
| Indianapolis, IN 46 | 207-7033 | | | APR 28 MM 19: CAE DARY OF STA AHASSEE, FLOR |
| | (City/State and Zip Co | de) | • | TES TO |
| For further informati | ion concerning this matter, ; | please call: | | 9: 16 ORIOA |
| Tracy L. Reinholt | | ar (³¹⁷ | 263-7131 | |
| (N | ame of Person) | | t Daytime Telephone Number) | |
| Registration Division of Clifton Buil 2661 Execu | Corporations | Regis Divis P.O. l | LING ADDRESS: tration Section ion of Corporations Box 6327 hassee, Florida 32314 | |
| Enclosed is a check | for the following amount | • | | |
| S25 Filing Fea | □ \$30 Filing Fee & Certificate of Status | S55 Filing Fee & Certified Copy | © \$60 Filing Fee, Certificate of Status & Certified Copy | |

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

| Simon Palm F | |
|--|--|
| | (Name of limited liability company) |
| Delaware | |
| | (Jurisdiction of its organization) |
| M9 80000 010 | 71 |
| | (Florida Document Number) |
| This limited authority to | d liability company is no longer transacting business in Florida and surrenders its transact business in this state. |
| This limited its behalf a cause of act | i liability company revokes the authority of its registered agent to accept service on and appoints the Department of State as its agent for service of process based on a tion arising during the time it was authorized to transact business in Florida. |
| | c/o Corporate Paralegal, 225 W. Washington St., P.O. Box 7033 |
| - | (Mailing address) |
| | 1.70 A |
| _ | Indianapolis, IN 46207-7033 (City/State/Zip) |
| _ | (City/State/Zip) |
| | $m_{\odot} = 1$ |
| The limited change in its | liability company agrees to notify the Department of State in the future of any company agrees. |
| Sana A | Kebwekk 5 |
| Signature o | f member or authorized representative of a member) |
| James A. Schr | midt |
| Typed or pr | rinted name of signee) |

Filing Fee: \$25.00