, (Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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## **COVER LETTER**

TO:	Amendment Section			
I	Division of Corporations			
SUBJE	CT: Premises Providers, Inc.			
		(Name of Corporation)		
DOCU	MENT NUMBER: P16169			
The enc	closed withdrawal application and	fee are submitted for filing.		
	eturn all correspondence concerning o the following:	g this		
	Tracy L. Reinholt			
	(Name of Person)			
	Simon Property Group			
	(Firm/Company)			
	225 W. Washington St., P.O. Box 7033			
	(Address)			
	Indianapolis, IN 46207-7033			
	(0	City/State and Zip code)		
For furt	ther information concerning this mat	tter, please call:		
Tracy L	Reinholt	at ( 317 ) 263-7131		
	(Name of Person)	(Area Code & Daytime Telephone Number)		
	STREET ADDRESS:	MAILING ADDRESS:		
	Amendment Section	Amendment Section		

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Premises Providers, Inc.

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(if known)  Of)  Of)  Of)
(if known)
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of) 2
affairs within the State of Florida and hereby affairs in Florida.
Florida to accept service on its behalf and based on a cause of action arising during the orida.
x 7033
ure of any change in its mailing address.
March 17, 2009
(Date)
Assistant Secretary
(Title of person signing)

FILING FEE \$35