

MOF000004177

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512) 418-6949
Fax Number : (954) 208-0845

LLC DISSOLUTION OR WITHDRAWAL
AHC 550 TAMPA MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

17 DEC -18 AM 7:36

1450

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AHC 550 Tampa Management, 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:

Lindsey Stadden

(Name of Person)

AHC Funds

(Firm/Company)

1603 Orrington Avenue Suite 990

(Address)

Evanston, IL 60201

(City/State and Zip Code)

For further information concerning this matter, please call:

Lindsey Stadden

(Name of Person)

847

at (

733-2237

) (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

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

AHC 550 Tampa Management, LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

September 12, 2008

(Date registered with Florida Department of State)

M08000004177

(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)

John M. Stoops Authorized Person

(Typed or printed name of signee)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 DEC - 8 AM 7: 40
16:50

Filing Fee: \$25.00