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Date: ____10/18/2022

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Name:	CHH-GD Fort Lauderdale Realty, LLC
Document #:	
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Thank you!

COVER LETTER

	gistration vision of (Section Corporations		
SUBJECT:		D Fort Lauderdale Realty, I	LLC	
SUBJECT.		(Name of Fore	eign Limited Liability	Company)
Dear Sir or	Madam;			
The enclose	ed withdra	wal and fee(s) are submitted	l for filing.	
Please return	n all corre	spondence concerning this	matter to the following	g:
Jeni	ni Ferna	ndez		
		(Name of Person)		_
AEW C	apital M	anagement LP		
******		(Firm/Company)		_
2 Seap	ort Ln, F	FL 15		
		(Address)		_
Boston,	MA, 02	210		
		(City/State and Zip Code	:)	_
For further i	informatic	on concerning this matter, p	lease call:	
Jenni F	ernande	z	617	261-9201
	(Na	me of Person)	(Area Code &	e Daytime Telephone Number)
Ro Di P.o	ivision o O. Box <i>t</i>	on Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is	a check t	for the following amount:		
□\$25 Filio	ng Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	[7] \$60 Filling Fee. Certificate of Status & Certified Copy

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SECRETARY OF STARE NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY. FL

CHH-GD Fort Lauderdale Realty, LLC	
(Name of limited liability company)	
Delaware	
(Jurisdiction of its organization)	
02/21/2014	
(Date registered with Florida Department of State)	
M14000001237	
(Florida Document Number)	
This limited liability company is withdrawing its certificate of authority in Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutor this date will not be listed as the document's effective date on the Departm (Signature of authorized representative)	(optional) to date of filing or ry filing requirements.
(Typed or printed name of signee)	

Filing Fee: \$25.00