

1700000000299

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

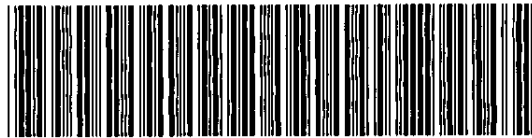
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF FILING
15 APR - 8 PM 2:06
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FILED
15 APR - 8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR - 9 2015

T. HAMPTON

FLORIDA FILING & SEARCH SERVICES, INC.

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/8/15

NAME: GH CP COMMERCIAL REALTY SERVICES, LLC

TYPE OF FILING: WITHDRAWAL

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

At Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

GH CP COMMERCIAL REALTY SERVICES, LLC

SUBJECT:

(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)

Capitol Services – Corporate Filings Team

(Firm/Company)

800 Brazos Ste 400

(Address)

Austin TX 78701

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Person)

at (800) 345-4647

(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

GH CP COMMERCIAL REALTY SERVICES, LLC

(Name of limited liability company)

DELAWARE

(Jurisdiction of its organization)

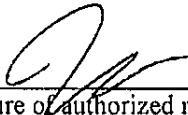
2/14/2000

(Date registered with Florida Department of State)

M00000000299

(Florida Document Number)

This limited liability company is withdrawing its certificate of authority in this state.



(Signature of authorized representative)

James T. Asali

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
15 APR -8 AM 10:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA