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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-0821 Fax Number : (850)558-1515

LLC DISSOLUTION OR WITHDRAWAL GHG ASSET MANAGEMENT LLC

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TO:	Registration Section Division of Corporations		
	GHG ASSET MANAGEMENT	LL C	
CHOIL			
SUDJE	ECT:(Name of For	eign Limited Liabili	ity Company)
Dear S	ir or Madam:		
The en-	closed withdrawal and fee(s) are submitte	d for tiling.	
Please	return all correspondence concerning this	matter to the follow	ring:
ANNY	CARVALHO		
	(Name of Person)		<u> </u>
ICAHI	N ENTERPRISES LP		
	(Firm/Company)		
16690) COLLINS AVENUE, PH		
	(Address)		<u> </u>
SUNN	NY ISLES BEACH, FL 33160		
	(City State and Zip Cod	(e)	
For fur	ther information concerning this matter, p	olease caff:	
ANNY	CARVALHO	305	422-4145
	(Name of Person)	at (at (le & Daytime Telephone Number)
			Street Address:
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	Registration Section		Registration Section
			Division of Corporations The Centre of Tallahassee

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September 18, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GHG ASSET MANAGEMENT LLC 4755 SOUTH HARBOR DRIVE VERO BEACH, FL 32967

SUBJECT: GHG ASSET MANAGEMENT LLC

REF: M04000002661

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Darlene Connell FAX Aud. #: H20000323271

Regulatory Specialist II Supervisor Letter Number: 220A00017822

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

GHG ASSET	T MANAGMENT LLC	
	(Name of limited liability company)	
DELAWARE		7U 3E
07/07/2004	(Jurisdiction of its organization)	
M040000026	(Date registered with Florida Department of State) 661	
	(Florida Document Number)	
Effective D; (If an effecti more than 90 Note: If the	I liability company is withdrawing its certificate of authority in this state, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date 0 days after filing.) date inserted in this block does not meet the applicable statutory filing linot be listed as the document's effective date on the Department of	(optional) e of filing or ng requirements,
	Christopher D. Card	_
	(Signature of authorized representative)	
	CHRISTOPHER D. CARD	
	(Typed or printed name of signee)	

Filing Fee: \$25.00