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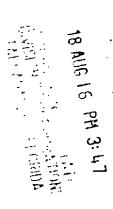
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ENTITY N	HOVSITE MONTEVERDE 1 & 2 LLC		
DOCUMEN	NUMBER	4, 13	
	PLEASE FILE THE ATTACHED AND RETURN		
xxxx	Plain Copy		
	Certified Copy		
	Certificate of Status		
	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY Certified Copy of Arts & Amendments Certificate of Good Standing		
	APOSTILLE' / NOTARIAL CERTIFICATION		
COUNTRY	DESTINATION	-	
NUMBER (CERTIFICATES REQUESTED		
TOTAL O	CD \$25.00 CHECK # 5158		
Please co	Tina at the above number for any issues or concerns. Thank you so me	uch!	

COVER LETTER

T():

Registration Section

Division of Corporations HovSite Monteverde 1 & 2 LLC SUBJECT: (Name of Foreign Limited Liability Company) Dear Sir or Madam: The enclosed withdrawnl and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: (Name of Person) (Firm/Company) (Address) (City/State and Zip Code) For further information concerning this matter, please call: at (_____)

(Area Code & Daytime Telephone Number) (Name of Person) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tailahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ■ \$25 Filing Fee ☐ \$30 Filing Fee & S55 Filing Fee & □ \$60 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HovSite Monteverde 1 & 2 LLC	
(Name of limited liability company)	🔂
Delaware	
(Jurisdiction of its organization)	
10/01/2009	က
(Date registered with Florida Department of State)	
M0900003892	
(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:(of	otional)
(If an effective date is listed, the date must be specific and cannot be prior to date of fi more than 90 days after filing.)	ling or
Note: If the date inserted in this block does not meet the applicable statutory filing requires this date will not be listed as the document's effective date on the Department of State	
14 (D)	
(Signature of authorized representative)	
Michael Discafani	
(Typed or printed name of signee)	

Filing Fee: \$25.00