

M120000004409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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CLERK OF STATE
TALLAHASSEE, FL

PLEASE FILE THE LP PRIOR TO THE LLC

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 10/30/2020

Acc#120160000072

en: c DW

Name:	PX SUMMER BAY GP LLC
Document #:	
Order #:	13330444 - 132

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$	52.50
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Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PX Summer Bay GP 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:

Glynis Davis

(Name of Person)

H&R REIT

(Firm/Company)

3625 Dufferin Street, Suite 500

(Address)

Toronto, Ontario M3K 1N4

(City/State and Zip Code)

For further information concerning this matter, please call:

Joe Torchedlo

(Name of Person)

312

288-3522

at (_____) _____

(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

PX Summer Bay GP LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

08/03/2012

(Date registered with Florida Department of State)

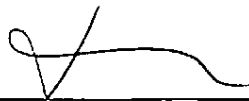
M12000004409

(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)

Thomas Hofstedter

(Typed or printed name of signee)

FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

2020 OCT 30 AM 8:33

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Filing Fee: \$25.00