

M17000000 4420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

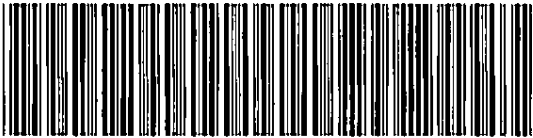
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 OCT 30 PM 1:04  
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FILED  
TALLAHASSEE, FL

2020 OCT 30

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

*eric DW*

Name:	PX HOLLY HILLS GP LLC
Document #:	
Order #:	13330444 - 84

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

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Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **52.50**

Thank you!

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PX Holly Hills 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)

at ( 312 ) 288-3522

\_\_\_\_\_  
(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 Holly Hills GP LLC

\_\_\_\_\_  
(Name of limited liability company)

Delaware

\_\_\_\_\_  
(Jurisdiction of its organization)

08/06/2012

\_\_\_\_\_  
(Date registered with Florida Department of State)

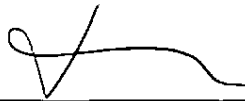
M12000004420

\_\_\_\_\_  
(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)

**FILED**  
2020 OCT 30 AM 8:29  
STATE DEPARTMENT OF STATE  
TALLAHASSEE, FL

**Filing Fee: \$25.00**