M1300000 5797

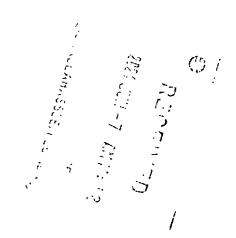
(Requestor's Name)
(.	Address)
(.	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions to F	Filing Officer:

Office Use Only



900431019569

2024 JUN -7 PM 1:11
SECRETARY OF STATE
SECRETARY OF STATE





To: Department Of State, Division Of Corporations

From: Amanda Miller

Ext:

Date: 06/06/24 Order #: 1526748-1 --- Re: 9165 Surfside-LLC-

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

AUTH

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

Division o	on Section of Corporations					
9165 SUBJECT:	Surfside LLC					
30b)ECT	· (Name of Fo	oreign Limited Liability	Company)			
 Dear Sir or Madam	:					· -
The enclosed withd	lrawal and fee(s) are submitte	ed for filing.				
Please return all con	rrespondence concerning this	s matter to the followin	ıg:			
_Legal						
	(Name of Person)					
	(Name of Cison)					
Wexford Capital L	LP					
-	(Firm/Company)	-	_	4.0	~	
				TA TA	2 024 .	- 455
777 West Putnam	n Ave., First Floor			לרא הנע	<u> </u>	1010
	(Address)		_		-1	3 4 .ma
Greenwich, CT 06	6830			388 30.		rama:
	(City/State and Zip Coo	de)	_	E PL		12112
For further information	tion concerning this matter, j	please call:		ניו	_	
Legal		203	862-7000			
(5)	Same of Person)	at (at (Area Code &	_) & Daytime Telephone Nu	mber)		
Mailing A			Street Address:			
_	ion Section of Corporations		Registration Secti Division of Corpo			
P.O. Box			The Centre of Tal			
Tallahass	see, FL 32314		2415 N. Monroe S		te 810	
			Tallahassee, FL 3	2303		
Enclosed is a check	k for the following amount:	:				
□\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	☐\$55 Filing Fee & Certified Copy	☐ \$60 Filing Fee. Certificate of \$ Certified Copy			

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

* * *** #

	-(Name of limited liability company)
-Delaware-	
:	(Jurisdiction of its organization)
September 1	3, 2013
	(Date registered with Florida Department of State)
m130000057	97
	(Florida Document Number)
Effective Da (If an effecti	liability company is withdrawing its certificate of authority in this states te, if other than the date of filing: June 30, 2024 (optional ve date is listed, the date must be specific and cannot be prior to date of filing of the date of the dat
Effective Da (If an effecti more than 90 Note: If the	te, if other than the date of filing: June 30, 2024 (Obuona
Effective Da (If an effecti more than 90 Note: If the	te, if other than the date of filing: June 30, 2024 (optional version of the date must be specific and cannot be prior to date of filing of days after filing.) date inserted in this block does not meet the applicable statutory filing requiren
Effective Da (If an effecti more than 90 Note: If the	te, if other than the date of filing: June 30, 2024 (optional ve date is listed, the date must be specific and cannot be prior to date offiling of days after filing.) date inserted in this block does not meet the applicable statutory filing requirement of be listed as the document's effective date on the Department of State Street in the document of State Street in the documen

Prepared: A. Russo Reviewed: M. Tuccio

Filing Fee: \$25.00