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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FTI F 2nd

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 535154 5021613
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : December 2, 2020

ORDER TIME : 1:17 PM

ORDER NO. : 535154-010

CUSTOMER NO: 5021613

FOREIGN FILINGS

NAME: HIGHLAND PARK CENTER ADVISORS
LLC

☐ CORPORATE
☐ LIMITED PARTNERSHIP
☒ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Highland Park Center Advisors 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:

Kayla Lee

(Name of Person)

c/o Wexford Capital LP

(Firm/Company)

677 Washington Blvd., Suite 500

(Address)

Stamford, CT 06902

(City/State and Zip Code)

For further information concerning this matter, please call:

Kayla Lee

(Name of Person)

203

862-7000

at ()

(Area Code & Daytime Telephone Number)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Highland Park Center Advisors LLC

(Name of limited liability company)

Delaware

(Jurisdiction of its organization)

December 18, 2013

(Date registered with Florida Department of State)

M13000008007

(Florida Document Number)

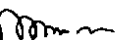
This limited liability company is withdrawing its certificate of authority in this state.

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.

DocuSigned by:



631B46A98CE0499

(Signature of authorized representative)

Arthur Amron, Authorized person

(Typed or printed name of signee)

Filing Fee: \$25.00

FILED
2020 DEC -2
11:05
AM
STATE OF FLORIDA
DEPARTMENT OF STATE