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CORPORATION SERVICE COMPANY 1201 Hays Street FILE SECOND Tallahassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 535086 5021613 AUTHORIZATION: Smelle Reaco COST LIMIT : \$ 25.00 ORDER DATE: December 2, 2020 ORDER TIME : 1:15 PM ORDER NO. : 535086-010 CUSTOMER NO: 5021613 FOREIGN FILINGS NAME: 4000 HOLLYWOOD ACQUISITIONS LLC___ CORPORATE LIMITED PARTNERSHIP XXX LIMITED LIABILITY COMPANY XXXX WITHDRAWAL/CANCELLATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY

EXAMINER:

XX PLAIN STAMPED COPY
CERTIFICATE OF STATUS

CONTACT PERSON: Amanda Robinson - EXT#

COVER LETTER

| TO: Registration Division o | on Section f Corporations | | |
|-----------------------------|--|--------------------------------------|--|
| | Hollywood Acquisitions L | LC | |
| SUBJECT: | (Name of Fo | reign Limited Liability | Company) |
| Dear Sir or Madam | : | | |
| The enclosed withd | rawal and fee(s) are submitte | ed for filing. | |
| Please return all cor | respondence concerning this | matter to the following | g: |
| Kayla Lee | | | |
| | (Name of Person) | | _ |
| c/o Wexford Capi | tal LP | | |
| | (Firm/Company) | | |
| 677 Washington I | Blvd., Suite 500 | | |
| | (Address) | | _ |
| Stamford, CT 069 | 002 | | |
| | (City/State and Zip Cod | ie) | _ |
| For further informat | tion concerning this matter, p | olease call: | |
| Kayla Lee | | 203 at (| 862-7000 |
| (8) | Jame of Person) | | & Daytime Telephone Number) |
| Division P.O. Box | ion Section of Corporations | | 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

| 4000 Hollywood Acquisitions LLC | |
|--|--------------------|
| (Name of limited liability company) | |
| Delaware | 20.00 |
| (Jurisdiction of its organization) | |
| May 1, 2014 | |
| (Date registered with Florida Department of State) | 12 |
| M1400003016 | a :. |
| (Florida Document Number) | 9: 28 |
| This limited liability company is withdrawing its certificate of authority in this | state. |
| Effective Date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to damore than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutory fithis date will not be listed as the document's effective date on the Department of the date | ling requirements. |
| (Signature of authorized representative) | |
| Arthur Amron, Authorized person | |

Filing Fee: \$25.00

(Typed or printed name of signee)