

M1400004039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

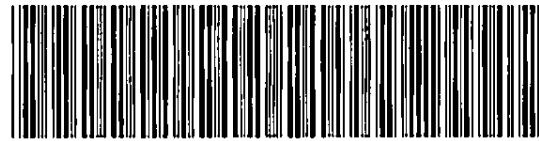
Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. C. BENTLEY

DEC 27 2023

Office Use Only



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2023 DEC 27 PM 1:42  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NH Florida Master Tenant II 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:

Gabriella Camilleri

\_\_\_\_\_  
(Name of Person)

Greystone

\_\_\_\_\_  
(Firm/Company)

152 West 57th Street, 60th floor

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

New York, New York 10019

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Person) (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:

- |   |   |  |  |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &<br>Certified Copy | <input type="checkbox"/> \$60 Filing Fee,<br>Certificate of Status &<br>Certified Copy |
|---|---|--|--|

## NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

NH Florida Master Tenant II LLC

(Name of limited liability company)

DE

(Jurisdiction of its organization)

06/10/14

(Date registered with Florida Department of State)

M14000004039

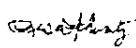
(Florida Document Number)

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:



B0CB4080B538453

(Signature of authorized representative)

Lisa Schwartz

(Typed or printed name of signee)

2014 JUN 27 PM 1:42  
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FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00