(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:
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Office Use Only



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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 517027 8006743					
AUTHORIZATION: Symbolic man					
COST LIMIT : \$ 25.00					
ORDER DATE : February 22, 2023					
ORDER TIME : 1:47 PM					
ORDER NO. : 517027-175					
CUSTOMER NO: 8006743					
FOREIGN FILINGS					
NAME: HP FLORIDA I LLC					
CORPORATE LIMITED PARTNERSHIP					
XX LIMITED LIABILITY COMPANY					
XXXX WITHDRAWAL/CANCELLATION					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CERTIFICATE OF STATUS					
CONTACT PERSON: Eyliena Baker - EXT#					

EXAMINER:

COVER LETTER

TO: Registration Division of	s Section Corporations		
	orida I LLC		
SUBJECT:	(Name of For	eign Limited Liability	Company)
Dear Sir or Madam:			
The enclosed withdra	awal and fee(s) are submitte	d for filing.	
Please return all corr	espondence concerning this	matter to the followin	g:
	(Name of Person)	_	-
HP Florida I LLC			
	(Firm/Company)		_
120 S Riverside Pl	aza, Suite 2000		_
	(Address)		
Chicago, IL 60606			_
	(City/State and Zip Cod	c)	_
For further informati	on concerning this matter, p	ilease call:	
(N	ame of Person)	at (_) & Daytime Telephone Number)
Division of P.O. Box	on 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	☐S55 Filing Fee & Certified Copy	☐ \$60 Filing Fee, Certificate of Status & Certified Copy

THE TO THE O

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

HP Florida I LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
9/4/2014
(Date registered with Florida Department of State)
M14000006436
(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:
(Signature of authorized representative)
Jonathan C. Babb
(Typed or printed name of signee)

Filing Fee: \$25.00