M14000001919

(Re	questor's Name)	
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SECRETARY OF STATE

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallahassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 928539 5168766

AUTHORIZATION :

COST LIMIT : \$ 25\.00

ORDER DATE: December 23, 2015

ORDER TIME : 3:22 PM

ORDER NO. : 928539-005

CUSTOMER NO: 5168766

FOREIGN FILINGS

NAME: OSCEOLA SPRINGS NH LLC

____ CORPORATE

LIMITED PARTNERSHIP

XXX 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: Courtney Williams - EXT# 62935

EXAMINER:

COVER LETTER

	egistration division of	n Section Corporations			
SUBJECT	Osce	ola Springs NH LLC			
0020-01	•	(Name of For	reign Limited Lia	bility Con	npany)
Dear Sir o	r Madam:				
The enclos	ed withdr	awal and fee(s) are submitte	d for filing.		
Please retu	rn all con	respondence concerning this	matter to the following	owing:	
Lisa Sch	nwartz				
		(Name of Person)			
Greysto	ne & Co	o., Inc.			
		(Firm/Company)	· - · · · · · · · · · · · · · · · · · · 		
152 We	st 57th	Street, 60th Floor			
		(Address)			
New Yo	rk, NY	10019			
		(City/State and Zip Cod	ie)		
For further	informati	on concerning this matter, p	lease call:		
Andrea	Saullo		212	[′] 6	49-9700
	(N	ame of Person)	at (Code & Da	ytime Telephone Number)
R D C 26	egistration ivision of lifton Bui 561 Execu	Corporations	Registration Section Division of Corporations P.O. Box 6327		on Section of Corporations 6327
Enclosed i	s a check	for the following amount:			
☑ \$2 5 Fili	ng Fee	□ \$30 Filing Fee & Certificate of Status	S55 Filing Fe Certified Cop		□ \$60 Filing Fee, Certificate of Status & Certified Copy

NOTICE OF WITHDRAWAL OF CERTIFICATE OF AUTHORITY

Osceola Springs NH LLC
(Name of limited liability company)
Delaware
(Jurisdiction of its organization)
October 16, 2014
(Date registered with Florida Department of State)
ML14000007519
(Florida Document Number)
This limited liability company is withdrawing its certificate of authority in this state.
(Signature of authorized representative) Lisa Schwartz - Secretary
(Typed or printed name of signee)
To the company
remonent in the second of the

Filing Fee: \$25.00