M1500000000404

(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:

Office Use Only

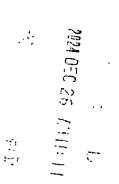


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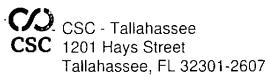
PILED

2024 DEC 26 PH 12: 44

TALLAHASSEE, FL



43



850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 12/24/24 Order #: 1742569-3

Re: SSH FL H Property LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Withdrawal

Amount to be deducted from our State Account: \$25.00 - FL State Account Number:

120000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

	CO	OVER LETTEI	R
TO: Registration Division of	Section Corporations		
SSH F	L H Property 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)		_
Pacific Investment	Management Company I	_LC	
	(Firm/Company)		_
650 Newport Cente	er Drive		
	(Address)	· 18-5	_
Newport Beach, C.	A, 92660		
	(City/State and Zip Cod	c)	_
For further information	on concerning this matter, p	lease call:	
Scott Schwarmann	1	949	720-6000
(Na	ime of Person)	at (at (Area Code ઠ	& Daytime Telephone Number)
Division o P.O. Box	on Section of Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 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

SSH FL H Pro		SECTAL	2024 DI	#*************************************
	(Name of limited liability company)	<u>ئىر</u>	J.	Harry C
Delaware		ilλsċ	26 F	1 1
	(Jurisdiction of its organization)	南 市	<u> </u>	
January 15, 20	015		l2։ կ ւ	
-	(Date registered with Florida Department of State)	- 1'-1	+-	
M1500000040	4			
<u> </u>	(Florida Document Number)			
(If an effectiv more than 90 Note: If the d	e, if other than the date of filing: e date is listed, the date must be specific and cannot be prior days after filing.) ate inserted in this block does not meet the applicable statuto not be listed as the document's effective date on the Departm	to date o	requi	g or rements,
	Scott Schwarmann (Touch a single state of authorized representative)			
	(Typed or printed name of signee)			

WD-11818

Filing Fee: \$25.00